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ABSTRACT

Affective education methods in special education are the concern of the text. Goals, definitions, and processes in affective education are considered in Chapter 1, which also examines such topics as the relationship between affective education and mainstreaming, teacher role, and pupil focused affective education. Specific program content is presented in the succeeding three chapters for special preschool, elementary age, and adolescent students. Each addresses the basic support needs for affective growth, affective tasks of each age group, and appropriate affective educational processes. A final chapter touches on evaluation of affective education. (CL)

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AFFECTIVE EDUCATION FOR SPECIAL CHILDREN AND YOUTH

William C. Morse · John Ardizzone
Cathleen Macdonald · Patricia Pasick

What Research and Experience Say to the Teacher of Exceptional Children

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About the Authors

John Ardizzone spent 12 years in the Roman Catholic ministry where a major part of his work consisted of writing and editing materials for continuing education programs. After leaving the ministry, he obtained a Master's degree in Counseling Psychology and worked as a family therapist in the Washington, D.C. area. Currently, Mr. Ardizzone is enrolled at the University of Michigan in the Combined Program in Education and Psychology where he specializes in emotionally impaired children and their families. He is a Teaching Assistant in Psychology and practices psychotherapy at a private clinic.

Cathleen Macdonald is a Doctoral Student in the Combined Program in Education and Psychology at the University of Michigan. She earned her Master's degree in Special Education of emotionally impaired children at the University of Virginia. Her professional career includes teaching disadvantaged children in kindergarten and Head Start in Ohio and Michigan and 5 years experience teaching adolescents in hospital psychiatric units. Most recently, Mrs. Macdonald worked as a curriculum development specialist and taught science and sex education at a noncategorical learning center for special needs elementary age children. Sexuality education for all children, particularly those with emotional and learning problems, is her major area of specialization. In addition to developing curriculum/resource guides on teaching sex education, Mrs. Macdonald has conducted numerous workshops for parents and teachers focusing on sexual socialization.

William C. Morse is Professor and Chairman of the Combined Program in Education and Psychology at the University of Michigan. He has spent his professional career working with socially and emotionally disturbed children. For many years he directed the therapy camp for disturbed children operated by the University of Michigan as a service and training agency. Currently, Dr. Morse is a regular consultant to public school and institutional programs for disturbed children and youth. His research interests include affective education and school mental health programs, studies on self concept, educational programing for the disturbed child, and evaluation of personnel training.

Patricia Pasick, a Doctoral Student in Special Education at the University of Michigan, has most recently been a preschool and parent educator in Michigan. Other experiences in education were based in New England, where she received a Master's degree in Education from Harvard University. Five years of experience in Massachusetts and New Hampshire included curriculum writing and program consultation, training parents and siblings of special needs children, and program administration of a residential special education camp. She has had a lengthy and varied interest in children's play, focusing on creative dramatics with mentally impaired children, play tutoring with autistic preschoolers, and improvisational theater as an affective technique.

Preface

The four authors of this book are professionals concerned with both special education and school mental health, as are the vast majority of our special education colleagues. The purpose of this monograph is to sharpen attention to these concerns by focusing on what has come to be called "affective education" as it applies to special pupils.

Unfortunately, affective education is in a confused state. There are a number of general terms applied to the movement including humanistic education, primary prevention, behavioral science education, mental health education, and confluent education, among others. There are also many different concepts of how one approaches teaching the affect. By some, it is seen as everything that transpires in school and by others as organized programs for elementary or secondary school with extensive curricula as a subject matter area. There are also concerns, many of which will be included in the following pages, that come under specific terms such as moral education, teaching self control, sensitivity training, and self concept enhancement. It is no wonder the field has been called chaotic and unorganized, where everything is included and where some opportunistic publishers have created gadgets or made haphazard lists of "activities" for teachers to try 10 minutes each day. The fact is that there is little reasonable theory about the nature and purpose of affective education, few well designed evaluative studies, and a lack of coherent, organized guides to the many facets of the field.

Of course this book will not cure all of these ills. Nor can everything of possible relevance be included. The intent is far more limited: to provide a practical guide to the field with specific materials for teachers to use, but to embed the practical in an organizational pattern

that will provide integration and a conceptual base. Because we are teachers, we want to give specific and concrete examples. Because we are professional teachers, we want the specifics to rest on an understanding of the psychological import.

For too long teachers have been expected to accomplish the expected cognitive and affective goals in the classroom by themselves. Particularly, much of the enrichment that is expected in order to accomplish affective goals depends on augmentation of the resources *within* the classroom. There are only a few teachers with paid aides, and then often only for periodic assistance. There are two levels of augmenting assistance needed to facilitate affective education. One is consultation and coteaching with mental health specialists. There are times when discussions will clarify the emotional conditions that need to be considered. Especially in group work, shared leadership is very important. But there are also other ways to expand the teacher's input through volunteers. Older peers, college students and, parent/grandparent helpers can often provide the added personal relationships that humanize the pupil's experience. Valett (1972) has illustrated specifically how the school psychologist can give such participating assistance, as one example.

As we shall see, affective education for any class is a mix of individual teaching style, the capacities and needs of a given group of pupils, and the particular methods employed. There is no simple way to indicate the ingredients of an affective program. This seems to bother some who like to have a rigid format for teachers to follow—one that is so cut and dried that it removes the need for any judgment. In our view this is an insult to the profession and teachers know better. The decision of what given tactics to use and how to use them is always a matter for the teacher to decide. Sometimes, when there is a difficult decision, this is done with "consultation" from the literature, colleagues, or related disciplines. The teacher must be familiar with the options and be able to select those appropriate to a condition. This monograph could be considered a book of options. A wide range of possibilities are offered from complete programs to a specific methodology. Only the teacher will have the educational and psychological acumen to decide what process to employ in a given setting. This is what teaching is all about.

Special education teachers have yet another function beyond that of the regular teacher in the use of affective education. In addition to the knowledge of the normal development of the nature of children, they include their understanding of the variance of their special children in their planning. Many adjustments have to be made in typical affective education experiences because of the particular nature and needs of special pupils. In this we acknowledge the dual nature of the task. First, special children and youth are nonspecial children in their basic human needs. Regardless of categories, they are individuals each with a unique constellation of characteristics. They are children growing

up. Second, being special education children, they are at higher risk and have very particular needs, too. While it would be a grave mistake to stereotype anyone or any group, special teachers will adapt their use of affective curricula to such conditions as developmental lags, learning modes, emotional volition, and sensory impairments. Unfortunately, the literature provides limited guidance for such adaptation though we have included what could be located. However, we do not see this as a serious limitation, for again the hope of special education lies in the skill and concern of the teacher. When it comes to affective life, mentally handicapped and blind individuals, to take two examples, illustrate the gamut from success to tragedy. Some have learned to cope adequately and have successful and satisfying lives as children and adults. Others are in despair and depression. Since special pupils are at high risk they need more help from schools both in cognitive and affective areas. But the task is not insurmountable. We just have to work harder to accomplish the goals. As the saying goes, in special education, no one promised a rose garden. The teachers are up to the task.

There is one caution that is most important. We know schools and teachers have a great impact on the child's affective life. But education does not stand alone. If school is an oasis in an environment that is otherwise a desert, there is a limit to what can be done with affective education. It is a community enterprise, a matter of opportunity, attitudes, and resources. There is no excuse for not doing all we can in schools but we must be aware of the impact of the total living experience for complete success. This means working with families and community agencies. It also evokes the need to become an advocate for fair treatment of special persons under the law and in the budgets. Special teachers concerned with affective education will work on many fronts.

A final word needs to be said on the use of these materials. There are some of us who have the ego strength to go it alone. After all, we are kings and queens of our classroom castles. Most of us do better with peer support. Not only do we clarify our concepts but we share creativity in applications. Even more important, we are not alone. We have a support group in our effort to improve our practice. For this reason, we suggest the material here and in the extended references as the basis for school study groups or professional seminars. This inservice approach is of course germane for both special and mainstreamed teachers. And change efforts tend to atrophy when there is no concert of effort.

1 Affective Education and the Special Education Teacher

The thesis of this book is simple. The mental health of children and youth is a primary concern of every teacher: planning for pupils' socio-emotional well being deserves equal status to that given cognitive and physical development. Recognizing hazards of growing up "special" in this society, the mental health obligations of special education are even more crucial. It is not a question of the affective domain versus the cognitive or motor domain. The goal is affective, cognitive, *and* motor learning in the proper balance, dictated by the needs of individual handicapped pupils. Because many handicapped children have difficulty with their cognitive learning and schools are traditionally the place for teaching the three R's, the affective sector has often been neglected or left to haphazard efforts.

Time was when school mental health was considered a process apart from traditional educational experience. Specialists such as school social workers, school psychologists, and guidance workers brought clinical techniques into the school, and children with difficulties were sent to the experts for repair. Of course the supply of assistance was limited and handicapped children usually got less than the average assistance even though they needed more than the typical pupil.

Because of the complications of growing up in our present society, we need these specialized personnel services more than ever for those children and youth with serious difficulties. At the same time, there has been a significant shift in the mental health movement from restoration to prevention. Today both channels are considered essential; prophylaxis has achieved an importance equal to remediation. The thesis is, we can prevent much personal and social distress through affective educational effort, a more effective way to enhance

mental health than traditional clinical approaches that are invoked after the fact of serious breakdown.

But why is the task for the special education teacher rather than mental health specialists? There are reasons in addition to the fact that there is a severe shortage of those specialists. One is that prevention is best done in natural settings such as schools, homes, and the community. By rearranging part of what goes on and adding some new components, the school can be the keystone for prevention through the application of affective education. Another reason for teacher involvement is that schools are already influencing the affective growth of pupils. For good or ill, the pupil's school experience has a great deal of influence on how the child feels about his or her self and social relationships. Schools can be designed to be good teaching places for positive affective growth. Finally, when we think of our handicapped children and adolescents, we know the severity of their struggles and how crucial the education experience has become for both their current and future welfare. Special educators are working with a particularly vulnerable population. Thus, the current affective education movement is of particular interest to special education teachers. There are frequent references to affective goals in the IEP's. Often the modus operandi for achieving these affective goals is ambiguous. We need to know *how* to improve the self concept and self control which are two common examples of affective goal statements. The recent rapid increase in attention to affective education has brought exciting new possibilities but also considerable ill advised superficiality. The purpose of this book is to help special education teachers understand the potentials and limitations of affective education so that they may apply the best methodology for their various groups of special children. Affective education is not an extra. It is an essential component of special education as it is formulated under the mandate of Public Law 94-142.

THE NATURE OF AFFECTIVE EDUCATION

There are several terms used to designate school programs designed to "educate" the affective sphere. The most common is *affective education*, which implies a contrast to the cognitive and motor curricula. However, we know that the three spheres do not function as discrete entities. There are "feelings" of many kinds that accompany or are generated as a child acquires the cognitive skill of reading; the same happens with a motor skill such as ice skating. To show how complicated it is, recent attention has been given to *social cognition*—how one thinks about social relationships—as one component of socialization. On the converse side, the motivational or affective aspects of a cognitive or motor learning experience have certainly been prominent in teaching. While we never forget the interlocking of the three spheres, the major focus in affective education is on what we shall later describe as the "affective components" of experience.

Related Terms

Behavioral science education is one term commonly used in the field. Teaching children about the science of human behavior has an objective and clarion ring. One supposed advantage of this term is that one can avoid controversial matters such as values, since scientific information is implied to be free of value bias and thus will not infringe on individual rights. There is an added implication for schools because behavioral science education fits in well with how schools function: we make concerns into curricular "subjects" to study. Another term, used in the introduction, is *primary prevention*, meaning the protection and enhancement of mental health attributes. Here the goal is strengthening the child's ability to cope effectively with emotional problems.

Finally, the term *humanistic education* means many things to various people. To some it connotes a more benign educational process that rests upon certain overriding values—the kind of humane treatment that is the birthright of every human being, especially the young and most limited. In its extreme form, humanistic education maintains that the child is always right and is the arbitrator of what and how education should take place. Nonetheless, the humanistic emphasis has directed us to a more even balance of the rights and needs of children versus arbitrary adult imposition. Another facet of this humanistic position is in the particular type of human being extolled. There are certain highly prized characteristics as the goal. This has brought out into the open the values issue which will be addressed subsequently.

There are elements of each of these definitions that blend into a more universal understanding of affective education. We shall extend the concept of affective education to incorporate relevant elements that will produce a well rounded understanding of the topic. Generally speaking, affective education concerns emotional development. As such, it includes the educational efforts related to attitudes, values, and feelings. There are affective components related to the self (self concept and self esteem, for example), social components in relationship to other human beings (empathy, justice, various social values, acceptance of special children), and to objects (love of literature or nature). Somehow all of these must be molded into a coherent theory.

Is Affective Education Really New?

Society continually asks education—which eventually means teachers—to assume new obligations. Most recently these expectations include teacher accountability. A teacher may well ask, "What more are they expecting now? What more am I going to be accountable for?" Reading the literature might give the impression that affective education is a new area for schools. Nothing could be further from reality, as a reflection on our own educational experiences proves. The

fact is, all educational efforts embody some components of affective education, though not always in ways that could be considered positive. The 16,000 hours a pupil spends in school are not devoid of emotional components—anything but. We see too many cases where the affective consequences are devasting. Particular teachers may spend as much or more time on discipline than anything else—one part of affective education. Teachers may become angry at times and explosions are not unheard of—affective education. Teachers moralize and punish—affective education again. For evil or for good, there is no dirth of effort to influence feelings and behavior in the schools. Much effort is positive. Some teachers have worked on making learning fun and self satisfying. They try to bring security and joy to children. They work on positive self esteem for their special pupils. They are child advocates. All of these represent affective education at work. So what is new?

Historically, schools have been involved in affective education since colonial times; the horn books of moral adages were thought to inculcate the values desired at the time. Some of the same issues still haunt us, such as "Respect thy father and mother." Schools were supposed to inculcate good citizenship and civic values. And take the matter of discipline which is sometimes the major investment of regular and special teachers. Some teachers and even some schools spend more time on trying to get allegiance to a social code than anything else. Self discipline is an affective skill. We try to get our youngsters to cooperate, respect the teacher, and be cordial to their peers all of which is more affective learning. For some time, we have been concerned about children enjoying reading in hopes that they would read on their own. We want pupils to gain reasonable self esteem, which appears in the goal statements of many school systems. These are accepted affective educational aims.

Again, what is new in affective education besides the name? There are several conditions that are different in the current highlighting of affective education as a specific educational obligation for regular and special education.

First, as a society we are in an obvious crisis of personal and social values. The amount of aggression, delinquency, unhappiness, and self defeating behavior has raised real questions concerning the ability of the democratic society to maintain itself. When society has a crisis, the schools inherit an obligation. Hence, there is a direct, overt concern with affective education in terms of values clarification, self control, moral education, and the like. In some cases this supplements home training and in others it does what does not get done in the home. The goal is laudable and should be pursued, but with a recognition of the limitations in school efforts without broad community and home support.

Second, the recent cultural revolution has sensitized us to new values, some of which are in opposition to the older assumed norms. Getting ahead is no longer all that counts. Life satisfaction competes

with socioeconomic upward mobility. Out of this current conflict of values has come a great deal of introspection—both personal and social. This is reflected in certain specific curricula such as values clarification. Furthermore, it is evident that these matters will not be settled by authoritative dicta. To illustrate, think of the matters contingent upon one's education about sexual behavior. Children and youth need to examine our cultural diversity and work out their own set of values. The end of the presumed monolithic value system makes affective education processes mandatory. Another aspect that is made more overt in the current cultural ethos is the attention to life satisfaction and the positive aspects of experience. To put it succinctly, we are engaged in joy in life. Play, having fun, and creative experience constitute an enhancing element in the mental health movement. There, self actualization is the goal, albeit with an awareness of social obligation. Thus, we add to the old concepts of mental health that emphasized getting rid of neurotic and self defeating behavior, the positive growth side as well. This broadens the scope of mental health from rehabilitation, to prevention, and, finally, to enhancement.

Another reason for the current attention to affective education in the schools is the fact that increasing numbers of children and youth live in "risk" families and communities where security and socialization do not take place, or are, at best, only minimally present. Divorce statistics, family strife, child neglect and abuse, along with poor parenting take a toll. Families of special children are known to be, on the average, more susceptible to problems. Such conditions put a very high premium on affective education. How can the school replace the essential psychological ingredients that are missing in a poor home life? Can it do so? We see at once that affective education is far more complex than a set of lessons in self control. Some of the aspirations may be beyond realization. Yet, teachers can become the critical stabilizing force in many pupils' lives. It will be necessary to examine how teachers can serve as figures for identification. The way young children confuse mama and teachers, sometimes calling the teacher "mama", tells us that there is a powerful latent process here that we must include in our study, namely modeling and identification. Those who work with adolescents have recognized that these students often transfer their contest with their parents to their teachers, which is another example of the role teachers play. In short, teachers are child upbringers, the professional agents of society in this regard.

As indicated, there have always been affective education efforts in the school, but the overall effort has been neither systematic nor always psychologically relevant. An example is in the application of discipline. As we examine what is done in schools about discipline, can we assume these actual practices are really designed to facilitate the pupils' social learning? Or is it just to maintain a semblance of control? Much is ad hoc, or even taken for granted. Changing attitudes is more difficult than teaching arithmetic and certainly cannot be left to haphazard efforts. Affective education aims to change all of this. It is

now held that, using the most astute, psychologically appropriate methods systematically over the school years, the school can significantly assist in the affective growth of children and youth. This means that decisions about the substance and methods of affective education are critical. To fill the curricular void in this area, a rash of materials and techniques have been devised. In fact, we stand to be inundated by a flood of gimmicks and quickie procedures that must be separated from well thought out techniques. We will need to be aware of these "helps to teachers" but we must also have a basis for evaluating the particular materials.

It is evident that affective education represents a new effort and serious obligation. Like it or not, in one way or another teachers are now responsible for the emotional growth of their pupils as well as the cognitive and motor spheres. In the next section, the particular role this plays in special education is examined.

AFFECTIVE EDUCATION IN SPECIAL EDUCATION

What has been described up to this point is the right all children in this society have to more systematic assistance with their affective growth. Of course, this includes special children, and special children are even more in need of this assistance than others. It is easy to see why this is so.

Because they are at high risk, special pupils are prone to affective difficulties. When we talk of the socially-emotionally impaired, the very label indicates an affective disorder as either the core or as a major part of the difficulty. However, all special areas are included in the high risk category. It has not been generally recognized that affective disability (poor self concept, low self esteem, adjustment problems, and the like) constitutes the common denominator for most special children. To find an "all adequate" child who is also a special pupil is not the typical condition. Relatively few adolescents have mastered the impact of their disability and come out unscathed. This is, then, the core of our study.

The affective life of all children and youth is of concern to the educational establishment. The special difficulty of growing up while being considered different puts our pupils at particular risk. In a culture that presents problems for even the normal, special pupils need particular assistance. Not only do they have everyday problems, but they are in double jeopardy, whether mainstreamed or set apart. Of course, special education teachers have known this all along. The question is, are we doing all we can to help our children and youth? We will chart the way for teachers who want to do all that is possible.

What Are the Goals of Affective Education?

There are those that see affective education as going far beyond values clarification exercises that are designed to examine our beliefs, though

this is a part of it all. We may need to develop new and more appropriate values essential to a democratic society.

Several have spoken out on this issue. Kagan (1973) indicated that the schools have an obligation to teach cooperative attitudes, empathy, and social concern. He stated that schools should serve the needs of our society today. "We need to restore faith, honesty, humanity." To do this the school must focus on these matters. Kagan suggested that a pupil be graded on humanism, that is to say how kind and nuturant he or she is! These are strong words on the role of affective education. While there is no complete agreement on even these fundamental human affective characteristics, parents, teachers, pupils, and educators do agree that the democratic values are a legitimate concern of schools. In fact, most school systems already have in their code the aim to cultivate such an affective disposition.

Tyler (1974) put forth the basis for affective education. He noted the need to preserve the student's privacy—"how he feels is his own business." For this reason, Tyler does not feel schools should teach or even explore all affective areas. It is evident that individual rights and social goals are a profound issue in affective education, and teachers must arbitrate the rightful domain of each.

To Tyler, the appropriate affective areas for schools to develop and teach are the following:

1. *Interests*: encouraging student interest in reading, writing, and other curricula.
2. *Attitudes*: the objective attitude of science, concerns for other people, awareness, and the like.
3. *Appreciations*: works of art, music, dance, nature, etc.
4. *Values*: the values outlined in the constitution. Here Tyler feels the school can legitimately inculcate values such as justice; equal rights regardless of race, sex, or socioeconomic status; the dignity of each individual; the right to vote, of free speech, and other core values in a democratic society. There is the right to property and person without fear. He cited concern for the well being and dignity of others by treating others with respect, considering the consequences of our behavior on others, guarding the safety and health of others, supporting equal opportunity, being loyal to the country, and maintaining ethical standards in work, school, and social situations. Tyler went further in stating that one must support just law and rights of all individuals and defend the rights and liberties of all individuals.

Tyler conducted a study of the basic values that are the democratic heritage and cannot be left to chance. There may be others that are also part of what our society needs to function: a respect for the law, participation in the political process, involvement in some work endeavor, and so on.

There are two problems with affective education as it relates to these "external values". First, we do not have universal agreement on

the total list or even the actual nature of those directly rooted in the constitution. Second, while these may be the way things should look upon graduation, what is their counterpart in preschool, elementary school, and high school? The form and precursors of given behavior certainly change with development. Some affective dispositions actually await developmental readiness as well. But if one waits too long, can one generate the value implied by justice? Or empathy? We do not want surface conformity, we want internalization of the value. When do we start? For special teachers, there is also the question of how these matters are different with special pupils. Tyler gave us the direction but there are many philosophical as well as pragmatic issues left.

Most affective educators would couple the attitudinal and social goals indicated by Tyler with another area more common to mental health heritage. To the interpersonal goals of social relationship skills would be added the intrapersonal goals of dealing with one's self esteem. We not only want competent social beings, we want our children and youth to have positive feelings about themselves, proactive motivation that gets them involved in helping others, hope and purpose, and to be at least relatively free of emotional distortions. We would like them to be mentally healthy, an elusive term in itself, but not without meaning. While it is not expected that everyone will reach the level of maturity of Maslow's (1970) self actualized persons, everyone should have the inner resources to cope with the social reality around them.

It is difficult to imagine a satisfying life without a reasonable level of self esteem. How one feels about oneself, one's place in life, and one's prospects cannot be ignored. In fact, to most affective educators, the key goal is to develop an adequate self concept (what one is) and self esteem (how one feels about what one is).

This brings us a model of the goals of affective education (see Figure 1). For our purpose, the goals can be depicted on three dimensions: personal,

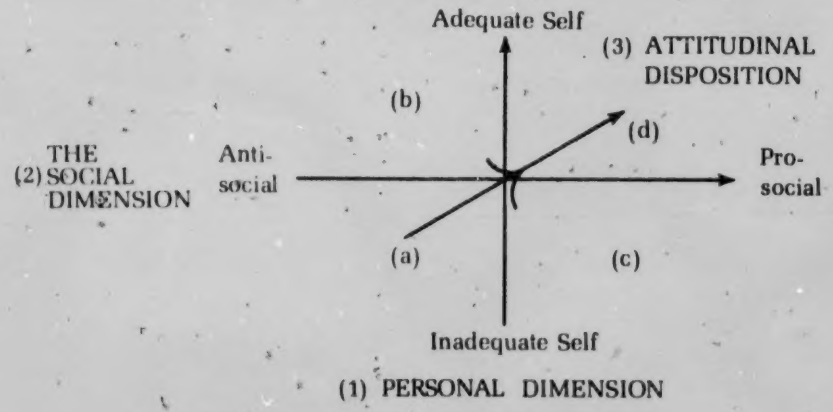

Figure 1. Model of Affective Education

social, and attitudinal. All are necessary and, of course, are intertwined. They are separated only to provide a conceptualization of the elements.

The purpose of affective education is to foster in each individual an adequate self concept combined with high self esteem. This is the personal dimension. Qualitatively, the goal is an individual who can cope with the developmental tasks of his or her age and who reflects a sustaining level of self esteem. Further, the person should have certain attitudes, be reasonably happy for example. We would like to teach our pupils to enjoy working to their ability and to enjoy the arts as consumers and producers. With special youngsters, it is necessary to resolve the conflict between what they can realistically do and what they would like to do. This task is more taxing than it is with the average child or adult. Special children must be taught to use what they have and not be depressed or defensive about what they lack.

On the social axis, the affective goal is to maximize the prosocial potential of the individual. The definitive work on prosocial behavior has been done by Straub(1979) in two volumes that explain both the conditions and personality attributes that form the basis of positive behavior. Much, but not all, delinquent behavior is a consequence of arrested or deviant development on the social axis. This axis is obviously closely linked with the personal axis, for the defensive, nonempathic, nonsensitive individual is unlikely to move far on the prosocial axis through internal motivations, though behavior modification may enable a degree of social conformity. Once given the readiness to relate to others, there is still the matter of handling one's impulses and learning how not to be antisocial, then moving toward the more prosocial end follows. The expectations are made reasonable for each developmental level. Rights of others to common toys is a start toward the eventual rights of others to jobs. The sense of justice will not be born as a mature concept, it evolves.

As we look at the link between the self and the social, it becomes clear how difficult the task of affective education is for special education teachers. The angry, failing, hopeless individual cannot be expected to move to social considerations until the personal considerations have been met to some degree. The attitudinal dimension includes elements that are not directly required to be either adequate or social but to make life more complete and rich. Can one imagine an exciting life without peak experiences? With no art, music, or dance? One hopes to encourage certain aesthetic attitudes and appreciations. A person could have high self esteem and be social and yet be flat, unexcited, and unexciting. There is the quality dimension of affective life. The emotional goals are not simple nor a matter of just "conquering" the so called negative affect. We hope to modulate anger and not be dominated by fears or hate. But we do not expect these to be eliminated. From the mental health point of view, they remain muted and directed. For example, we would hope the young adult would have an "angry" reaction to injustice, as Maslow (1970) describes in his self ac-

tualized persons. The function of legitimate fear related to self protection in certain circumstances cannot be ignored.

On the converse side, the emotional expressions of satisfaction and love are essential. A special aspect of this, which children and youth pick up from the culture, is instant freedom, highs, and exciting sensual experience through drugs. This is the link between affective education and drug programs. The lack of capacity to feel satisfaction in human relationships and the desire for an easy way out leads to drug induced affective states. The aftermath is tragedy. In some instances, the whole entry to affective education comes through this channel. The use of medication in special education is a sensitive issue. We are not trying to end up with homogenized individuals where the delight in living and sensory pleasures of play, the arts, and nature are dormant. The mental health expectation is for positive emotion engagement, along with self esteem and prosocial behavior. To care about things is a necessary human attribute. These characteristics emerge so gradually in children that adults sometimes fail to see them coming and do not nurture the evolution. Patience is the byword in the dimension of attitudinal dispositions. Expectations have to be adjusted both for developmental delays and arrests. A teacher seldom knows how much a child can respond without trying and some children go much further than their categorization would suggest. It may take a longer span of time.

As we examine the four quadrants in Figure 1, the intent of affective education is indicated by the arrows. We want to move youngsters further out on the axes that form quadrant (d). The most unfortunate condition is the child who feels personally inadequate and without positive self regard, in (a). Some youngsters are depressed, anxious, and passive. They may actually be sensitive to others and behave in socially approved ways (c). Their unhappiness and lack of hope becomes evident when we work closely with them. This pattern is frequently found in special education children. They do not feel good about themselves at all. Some cover up their sadness with a smiling front. Others have what is called *learned helplessness*, believing they never can succeed because of past failures. Adults sometimes encourage this by being overprotective and doing things *for* the pupils instead of teaching them to do all they can for themselves. The mildly retarded child and learning disabled youngster may be living with a perception of failure that has never been shared with another human being.

It is more common to have defensive reactions that are harder to live with but are actually healthier since the pupil is still protesting his or her dilemma. Thus, in the lower left quadrant, we find youngsters who are antisocial on a defensive basis. They are so possessed by their own failures that they strike out. Some have an underlying capacity to feel for others that is overlayed by their defenses. When these are allayed, they show signs of feeling for others, otherwise, they bulldoze their

way along to cover up this inadequacy. Some have been severely hurt by life, abused and punished when they failed. They may not have learned to trust adults at all. Angry and frustrated, as well as fearful, they strike out.

There are other youngsters who may be found in this quadrant, though some of them are in the quadrant above (b). They may feel good about themselves but they are empty on the social axis, which is to say they are relatively devoid of feeling for others. Their essential narcissism is a challenge to the best therapist, let alone teacher. Some of these youngsters lack adequate socialization and, furthermore, are concerned only about being stopped or caught in their acts. They do not have anxiety or guilt about this behavior.

As we follow the course of development in each of the age level segments that comprise the second section of this book, we are made aware that adequate affective development at each age level has its own criteria for each dimension.

Quadrant (d) is the goal area. While, as we stated, we do not always agree on the affective goals, there is enough agreement to keep us busy.

Our three dimensions become enmeshed in all of life. One does not have social competency in the abstract; or self adequacy apart from functioning roles. These basic characteristics permeate all of life. There are several systems for charting the sectors of the stages—Piaget (1948) for the intellectual-moral component, Kohlberg (1968) for moral development, Erikson (1963) for psychological tasks. It would be beyond the scope of this book to integrate all of the nuances of affective education, if that is indeed possible. The reader will find a description of the basic tasks and needs of each age depicted in the following sections. The programs for affective education are designed to help bring children in quadrant (d) in various specific ways. For each age, preschool (Chapter 2), preadolescent (Chapter 3) and adolescent (Chapter 4) the material is divided into affective education methods that attend to each of the three goals: self adequacy, social competency, and positive emotional expression. In some instances, this is difficult because a given program or process is proposed for more than one dimension. Often the age level will determine the relevant approach, as in the case of the preschooler. Here it is difficult to imagine school programs being effective without a concert of effort with the home. Thus the arbitrary three dimensions of Figure 2 do not always maintain their discreteness in the substantive chapters. However, the teacher selects particular materials. The conceptual system of Figure 2 provides guidance and clarifies the goals. The next section explores certain complications of applying any given affective education program in a classroom or school.

PROCESSES AND SETTINGS FOR AFFECTIVE EDUCATION

While the three goals of affective education can be stated as self ade-

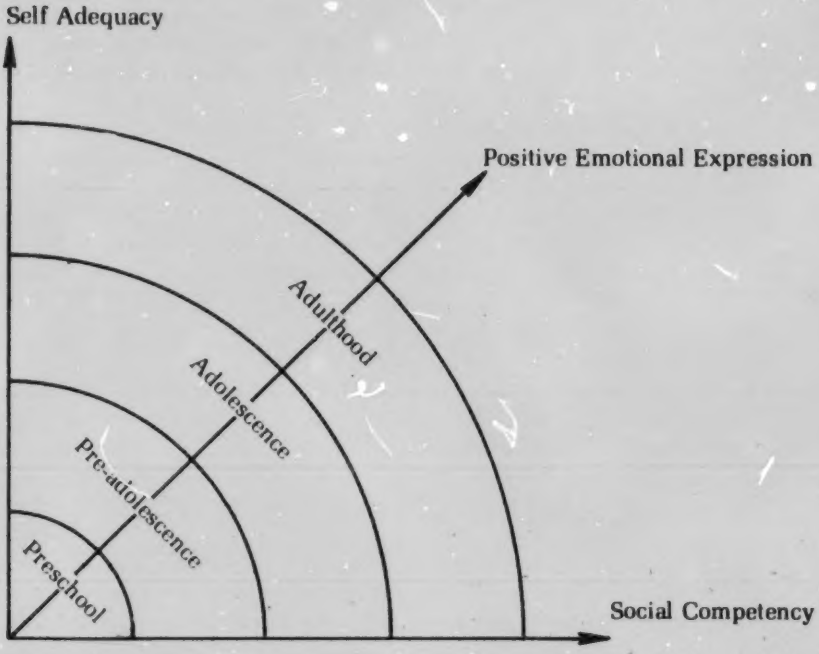

FIGURE 2. Quadrant (d) Detailed

quacy, social competency, and positive emotional expression, the question is how a teacher can achieve these goals? What does a teacher do, specifically? While curricula will be described in subsequent chapters, it would be a mistake to think that these can be used automatically by introducing a unit or specific technique. The application depends on the teacher's awareness of certain basic issues and theory regarding affective education.

GENERAL PROCESSES OF AFFECTIVE EDUCATION

Essential as it is, affective education is an elusive and multifaceted process. Whether the aim is self esteem or prosocial behavior, there is simply no one set method, no clear linkage, no absolute course. While there are possible underlying factors, there is no single route to helping preschoolers develop and become satisfactory preadolescents and adolescents, and then grow into reasonable adults. Almost every tactic turns out to be effective with some children in some situations but not with all. It has been said that the only constant is the need for caring adults, but just caring without wise planning would not get us very far.

To meet certain educational objectives such as social problem solving, the teaching of a specific target skill is in itself the goal, compara-

ble to learning a word or how to use a multiplication table in the cognitive realm. With broader self concept and socialization goals the channels are much less clear. Such growth is achieved in many ways, and often indirectly. To one child, at one point in life, learning to catch a ball enhances self esteem while to another this may not do much at all to mitigate his or her sense of inadequacy. Some youth, being "outer responsive," are nurtured by a teacher's praise. Another pupil responds to peer recognition and a third "inner directed" youngster may be virtually impervious to external input until his or her self perceptions are altered. There is no one way which resonates with all youngsters. With children, in contrast to adults, there is an added factor. They are "in process" with a high rate of change and flux, facing new challenges every day. Accomplishments that gave self substantiation yesterday may not do so tomorrow, for it takes continuing new successes to feel you are growing. While a stable past self and the proper level of social competency at any age are the best prognoses for the future, each year is a new world that calls for different appropriate feedback. Affective education is a continuing process but a solid foundation will reduce the need for remedial work. Of course, we adults evolve too—or at least should—but our rate of change and vulnerability should be less.

Because of the complexity of learning new levels of self and social behavior, we will review the general areas for affective education work as well as the psychological processes as a prelude to the next chapters. For the sake of clarity, we will look at educational efforts that are focused on the milieu, on the teacher and on the child as if these were separate. Obviously, they are not.

The Milieu Focus for Affective Education

For every planned intervention by affective education, there are hundreds of unplanned lessons taught in the space of pupils' lives. We see milieu learning all around us. We work in the classroom toward accepting everyone including the child who may be at the same time rejected on the playground or snickered at in the high school lunchroom. It is very difficult for a child to accumulate adequate positive self feelings if the special education class is the only place he or she is accepted. In affective education for special pupils there are two givens: we must help our pupils digest the input from their life space, but at the same time we must put forth equal effort to cleanse the life space of attitudinal and practiced prejudice. The process of digestion involves learning to cope with a reality that is not always what it should be for the child. Learning how to respond to demeaning reactions from others is an example of the special ego skills our pupils need. The process of environmental change leads to affective programs that are designed to change negative feed in from home, neighborhood, school, or wherever. Of course, there are no sure cures, but attention is given to conscious and unconscious negative parental

or sibling input. The evidence is all too clear that special children are subject to higher than average rejection. Many tactics from family therapy are used; parent education, parent associations, and the counseling teachers do are designed to alleviate the negative stress points once we have discovered where these are for given youngsters.

Surveys of pupil and teacher attitudes may reveal information that calls for corrective programs in the school itself. Being called a "retard" or a "crazy" happens too often, especially in the mainstreamed school. Subtle reactions are more common. Segregated classrooms are especially susceptible to harsh interpersonal vindictives from outside. There must be direct effort to diffuse the negative reactions. Sometimes there are rules or exclusions of special children that have no basis in functional reality. So it may be that the affective educational effort has to be addressed to the total system even when our goal is to help a particular youngster develop higher self esteem. But it goes further. Our pupils not only need equal treatment, but, because of their handicaps, they need unequal opportunity to use the resources of the educational milieu—academic experiences, extracurricular activities, and nonacademic courses. Some can only survive if they have *more* shop or *more* art than the normal pupil. The fact is they usually get less, if any. The special teacher often becomes an advocate for handicapped pupils in the total milieu.

The neighborhood peer culture may be one source of discrimination. When youngsters need a play group or social activities they should not be excluded because of a label. Social agencies and church groups are the best places to start opening up the vast array of experiences youngsters need to grow affectively. Monitoring and consultation are necessary to ensure that the climate of community activities is actually what is prescribed. What the milieu approach implies is that not everything can be done by a teacher within a given classroom. There are school conditions that create overall school climates (Morse, 1975). There should be freedom from fear of authorities and peers. More than that, all children and youth should participate in and be expected to help formulate the codes of living. It is a joint teacher-pupil sharing of responsibilities and goals. The sense of relationship dominates authoritarianism. Every social organism has a constitution, the rules of living together (Sarason, 1971). The formulation should be a joint enterprise done at the level where the pupils can become involved from the simplest "rules" for the little ones to complex plans for adolescents. This is the laboratory of social learning where affective conditions are put to the acid test. What the child learns will be what the milieu teaches.

Affective education has sometimes been considered an "extra" in education. The important thing for schools is cognitive achievement, the three *R*'s if you will. No one would propose an adversary condition of cognitive versus affective education. We need graduates with their maximum competencies in both. On the other hand, affective education should not be second to cognitive experiences provided by the

school. For a long time we assumed that the home alone could accomplish the three major affective goals. The methods used were often indirect and sometimes primitive but we did not question the direction. Such common agreement on affective goals is no longer present. In place of hegemony we have heterogeneity. In place of the home, we are confronted by a myriad of values "teachers"—the television, movies, printed materials, and charismatic folk heroes. In this confusion, the need to select and reinforce the affective states that are necessary for reasonable individual and group behavior is too evident to need argument. We see the effects of deficiency all around us.

This does not mean that an affective education program or course can substitute for a total societal socialization process, especially the home. What it does mean is that conscious, deliberate efforts must replace the haphazard and casual approaches in the school climate. We have two tasks: first, to supplement and reinforce the learning that takes place at home by transferring those values to the school group setting. The second task is to provide a compensatory social learning situation for youngsters who have missed out on the initial learning at home. While schools cannot do it all, or alone, there is so much of the pupil's life bound up in schooling and so many channels available, that we can do a great deal. Schools can make the difference in adequate affective growth for many special children if we are willing to examine the potentials and devote the time it will take. In a democratic society there is no alternative. What this implies for affective education is that a first task or parallel task to other foci is attention to improving the school life of the pupil. Until we have cleansed our own milieu, we have not met the first criterion of programing. If we intend special children to become regular participating members of adult society, we begin by using the school milieu.

The Relationship Between Affective Education and Mainstreaming

For the most part, mainstreaming literature has concentrated on the individualization of the regular curriculum to fit the added variance of special students as well as adding new methodology to fit the needs of special children. However, there is an equally important part of mainstreaming that is related to affective education. This has to do not only with the three major affective educational goals for individual handicapped pupils. It has to do with the climate of teacher and peer acceptance needed for the mainstreamed child. How supportive is the teacher? How supportive is the peer culture? Without these two considerations, mainstreaming will never be successful.

What this means in practical terms is that teacher sensitivity and positive peer reactions are a part of affective education for special education. The techniques indicated in this book have a double significance. The first is enhancement of the affective development of all peers including the special pupils. The second is to deal with teacher attitudes and general pupil attitudes that are specific to the welfare and

emotional survival of special pupils. An example of dealing with this matter for the blind was described by Wright (1974). Negative emotional factors are indicated along with methods for improving attitudes. The importance of integrating affective and cognitive mainstreaming strategies is obvious.

Pupil Focused Affective Education

Most affective education is directed explicitly to the pupils—efforts to change their views of themselves or their social behavior. While individual and group therapy processes can alter the child's self and other perceptions, they are only one mode of changing behavior. Pupil focused programs take many forms. Some of these have a cognitive base, where students learn to solve social problems or "learn" self control. Training in social cognition—accurate perception of social conditions—is an element found in many programs. Other designs employ behavior modification with contingencies for proper social performance. Some of those "borrowed" from regular education will work just as well in certain special education settings, and others will not. The second section of this book describes programs that are pupil oriented.

The Extrinsic-Intrinsic Dimension

Another aspect of affective education is how much it grows naturally out of what is going on in the educational life space versus how much it is added as a special function. Jones (1968) discussed the exploitation of concomitant affective components related to the cognitive learning experience that goes on in classrooms. For example, school activities often create feelings of failure, satisfaction, or anger, and social conflict may occur. There are crises that can be used for social learning. Jones described how such social learning can deepen intrinsic affective growth. Most programs to be reviewed are extrinsic or added on. They consist of a new and special curriculum. These packaged designs range from dealing with broad goals to highly specific content. Intrinsic affective education involves using the materials that the curriculum already has and the generic experiences from the classroom for their affective loadings.

There are things that please or upset pupils in the content of the curriculum, the methods employed, or the way children interact. The emotional content may prevent the cognitive intent, as in the case Jones reported where seeing the Eskimos kill a seal was very upsetting to the children. Time had to be taken to talk through this "unintended" part of the lesson. Sexist concepts abound in curricula. Frustrations and excitements occur. These are brought out and means of dealing with them are incorporated in the school work. Pupils bring in life and death episodes from outside, draw their concerns in their artwork, write them in compositions, and reflect on the cultural values of last

evening's television heroes. These are not to be ignored or repressed but used for affective growth. Many teachers do this to some extent already.

The contrast between the extrinsic and intrinsic approaches is already evident in some schools. On the one hand, values clarification is used as a predesigned exercise. At the same time, certain value conflicts that surface in the group are ignored. Teachers have been known to berate children to get them to be quiet for "circle time" to do a planned affective exercise! This is a "teach here—tear down there" approach. The covert lessons must parallel the overt efforts. Affective education is a frame of reference. One starts by using natural opportunities and extends this by using particularly relevant materials as needed. The natural events and the special events go in tandem.

How Does Affective Education Relate to Special Education?

Some cautions are in order in applying affective education to special education. There are three main conditions to remember. First, the fact that a youngster has a handicap in no way determines that he or she will be deficient in social and personal development. When parents have been adequate and thoughtful, handicapped children may have as much security and social consciousness as "normal" youngsters. We have all seen such beautiful children regardless of their special condition.

While we must not generalize about special children any more than we should about typical children, one thing we do know is that they are at higher risk for affective development. They have more to conquer to feel secure. Parents often have a more difficult time meeting their needs. And, even if they come to school with a good start, there are risks again. The possible shock of the peer culture (special or mainstream) and the lack of adult supportiveness can throw even the well prepared. For those who did not have the extra help they needed to build strength before coming to school, the task is building new coping skills not just supporting those already learned. As the youngster grows, new awareness of his or her difference follows suit. The preschooler may not recognize all that is going on, but the preadolescent or adolescent child is well aware of discrimination. Some special pupils are even expected to lack socialization, which produces a self fulfilling prophesy. Therefore, not only must teachers of special children help their students in the regular processes related to self worth and social competency but, because of the vulnerability, they must build more strength for these pupils. The work is never done, for our survival depends upon supportive affiliation with the age, changing through the school years. For the child in a more or less isolated special education environment, being different and apart takes its toll. For the mainstreamed youngster, being different among "normals" presents a different set of problems. Either way, helping special children through affective education is a significant obligation.

While there are many sophisticated means to screen and assess pupils' affective status, for most teachers this is not the problem. However, the matter of not letting one's own bias enter in is real, and the goal for behavior is healthy diversity rather than narrow conformity. Those who live with the child in school are usually only too aware of the pupil's affective needs. Since they see these youngsters in many situations—in groups, doing tasks, relating to authority, and on their own, teachers are well aware of problems (Morse, 1979). Because of the group nature of education, teachers see *first* those who act out and create problems for themselves and others in classrooms. It is equally important that attention be given to unhappy and depressed children, who hide behind a facade of bravado. Teachers especially need to be alerted to the withdrawn, defeated child, who is placid and may not cause problems though his or her future is at risk because of low self esteem.

Teacher Focus

Because of the critical nature of the teacher's role in affective education, detailed attention will be given to this matter before examining particular curriculum processes for children in subsequent chapters. Much affective education is directed specifically to teachers.

As has been indicated, teachers always include some type of affective education in their work, often by happenstance and sometimes producing consequences in reverse of the intent. Better the profession should understand what it is already about. There are several subdivisions of the topic: personal attributes, knowledge of the children we teach, teacher "training" programs, and general orientation to the field.

Personal and Professional Attributes

Dealing openly with affective education requires teacher self awareness and a readiness to try a new experience (Washington, 1974). Not all who rush into affective education are prepared. For most teachers, this area was never touched upon in their training. One's fears, hopes, and frustrations are to be acknowledged, as well as defenses and methods of coping.

Recently attention has been given to the negative side of this in studies of "teacher burnout" or job stress. The fact is, all teaching has become a more difficult enterprise and special teaching even more difficult. The added expectations—such as affective education—have created greater demands. There are schools and neighborhoods where actual fear of physical violence is a factor. Mainstreaming has added responsibilities and accountability has increased. Burnout is a particular concern to special education, where individualized education programs (IEP's) and pressure for accomplishments are most evident at all levels. Papers, forms, and meetings have taken precedence over teaching in some cases. As one teacher said, "We are accused of either

neglecting or abusing a pupil. There is no trust. We are no longer professionals." Of course it is not this way all the time or in all places, but job stress has increased noticeably for all child rearing professionals—teachers and mental health workers alike. The result is zombie teaching, depression, negative defensiveness, blaming the children, physical symptoms, lack of energy, and extra days off, to mention a few. A burned out teacher is in no position to deal with affective education.

The causes of burnout can be traced to personal reactions (personal stress on the job and/or in other life situations), job conditions (paperwork, administrative procedures, lack of rewards in money/recognition, contagion from a group of disaffected peers), and from societal input (depreciation of the teachers' role, parental criticism, decrease in resources, or even the world outlook where problems mount, solutions escape us, and the future is grim). Some of us have personal needs that are not a good match for the job demands we face. Not all teachers should stay in the field. The solution to burnout parallels the various problem sources. The range of procedures includes personal counseling, reactivating one's job conditions (change of venue, grade, or practice), banding together to study what can be done about job conditions, and studying, in historical perspective, the social conditions that depress us, followed by participating in efforts to alter what we feel is wrong. This is a huge topic, and the only point here is to recognize that the state of the teacher's mental health is a crucial factor in the business at hand.

In the past, there were more opportunities and teachers were free to change jobs or even go to other roles working with children. This is less true today and the teacher turnover in special education has decreased. Before becoming too pessimistic about burnout, the converse of burnout, which is high morale, should be recognized. There are 30 year professionals who have not lost their zest for teaching special children. They do not aspire to "cure" all their pupils; they do not blame themselves for conditions over which they have no control (systems should be evaluated, not individual teachers); they seek out help and consultation; they have skills in working with parents and administrators; their lives are stable and rewarding outside of their professional work; they are advocates for special education; they do not "dump" their external problems on their pupils or colleagues. Affective education directed to teachers includes seminars, discussions, counseling, and therapy when the signs of burnout begin to appear.

Understanding the Students

Affective education cannot be effective education if we do not understand the nature of the children we teach, what goes on in their feelings, and the range of conditions that are represented in the children who come to school. Teachers have been better at assessing pupils'

cognitive readiness than they have pupils' emotional readiness. The corollary is, teachers have been given more help in teaching cognitive curricula than the affective side. Thus, getting to the affective life of children means being able to empathize with them and to see the world through their eyes. Morgan (1979) made it clear that teacher empathy is the core skill that underlies special teaching. She showed how empathy goes far beyond the verbal exchange and is reflected in how the teacher manages instruction, organizes the school environment, responds to the feelings of the pupils, and is able to be calm, warm and show affection. We all went through the age processes, but, frequently we have lost the capacity to reactivate the pupil's view in ourselves. Child and adolescent psychology often remains descriptive and theoretical when it comes to these matters. While we cannot do a great deal about this in the present volume, we are alerted to this matter in the following material where the tasks and needs of each age are discussed as well as how these age phenomena relate to special children. The preface of each chapter is the view from within which is intended to sensitize the reader to the inner state of the child. For this reason, each of the next three chapters opens with a reminder to get us in tune with the lives of youngsters.

Teacher Training

While we can expect more attention to affective education in teacher training programs in the future, because it is usually omitted at present, this training is left for inservice programs. Much of this work is done around workshops and conferences which do not present a broad perspective. There even may be a specific product to sell. Some of these, such as sensitivity training, aim to improve teacher interpersonal capacity. Others are designed to help with general management, such as teacher effectiveness training (Gordon, 1974). Glasser's (1965, 1969) popular training weekends are designed to train teachers in reality interviewing and group work. Some approaches are quite general. Gaylin (1979) has written a broad ranging book on the way we can become aware of our feelings and the propriety of public expression. He described feelings as the instruments of rationality and not as opposition, and used literary examples to make the theoretical sections come alive. Carkhuff (1973) dealt with all of the interpersonal skills teachers need and included ways to assess one's own status. Rubin (1973) included both "facts and feelings" in his proposed classroom design, which would require a major revision of public school curriculum and philosophy. There are a series of catchy titles that also introduce teachers to this area: *Left Handed Teaching* (Castillo, 1974), *The Other Side of the Report Card* (Chase, 1975), and *Human Relations Development* (Gazda, 1973). These books tend to emphasize a humanistic point of view and contain specific methodologies, as well as philosophical orientation. Long, Morse, and Newman (1980) discussed extensively a mediating skill called Life Space Interviewing,

which is designed for on the line workers such as teachers who have to deal with reality crises.

Smith and Parks (1978) covered the possibilities of art, music, dance, drama, and creative writing in affective education. They pointed out how "different" children can come to understand their feelings through art expression. Drama provides for imagination and emotional expression; creative writing enables self objectification; and there are considerable rewards to body movement control. A rather elaborate research effort is underway to evaluate the impact of this arts in education curriculum. While some of these approaches emphasize a specific procedure, others are broad in their intent.

General Professional Orientation

One approach to affective education relies on the expertise of the teacher so that the choices of programs will be made on a more self selected basis. Teachers can be self taught by reading the more basic and theoretical literature. There is ample material that introduces the vista of affective education.

Brown (1975), one of the outstanding leaders in the field, provided an excellent introduction to the field, tracing it back to the taxonomy of the affective domain by Krathwohl and Bloom in 1964. As Brown said, there have been pieces but no concert of effort, and teacher education has ignored this aspect. He warned against seeing affective education (or confluent education as he calls it) as competing with or interfering with cognitive education since we must combine reason and emotion. In his view, the teacher always plays a key role. It is worth noting that affective education has recently been proposed as one of the areas in a competency based special education training program.

Simpson (1976) was particularly helpful in dealing with definitions and historical antecedents. She has taken care to cut through the sham of the field. Of particular interest are 10 examples of programs in action and the few outstanding teacher training programs where one can study, as well as an annotated bibliography of over 200 items.

An example of relationships skills training can be found in Bullmer (1975) where the goal is to assist a person in understanding other people through the cultivation of the empathic response. By pointing out the ways we can become more accurate in making inferences about another's behavior, the book takes the reader through a programed learning experience in improving interpersonal perceptions.

Miller (1976) discussed the orientation to affective education programs under four headings. The first is Developmental, which fosters the sequence of human development. This requires recognizing where the pupil is on the growth continuum and then selecting activities that will enhance ego and self development. Special children are often out of phase with normal expectations in the sequence. Attention is given to the resolution of crises. Such programs are general and are what we might term mental health approaches to child raising.

The activities are planned to help children understand relevant concepts and nurture the student through the stages. For special education, the application is to provide assistance for the stages a child goes through toward maturation.

Morse and Ravlin (1979) pointed out that the complexities of current society present such an "array of beliefs, values and lifestyles" to children that they need special help in sorting out the significant elements. Schools have a powerful role in this matter. Data are presented to show support from parents, teachers, and pupils for affective education. The analysis of programs shows that some are teacher focused, some child focused. The school programs include such intrinsic work in curricula and specialized methodology. Jones (1968) showed how most curricula already have emotional components, which, one hopes, are largely positive. He favored using the natural ongoing school material and, for once, not neglecting the positive exploitation of these materials for learning.

Teachers can learn specific skills: examples are using natural consequences (Dveikurs & Grey, 1968) or developing total curricula (Weinstein & Fantini, 1970). Schmuck and Schmuck (1974) were particularly helpful on the nature of classroom climate and how to change conditions. Their book contains specific observation sheets and concrete techniques designed to make the school a humanistic learning environment.

In examining the nature of programs in the following chapters, it will be evident that there are several other basic approaches to affective education. Many programs focus on self concept: these are based on putting the students in touch with themselves so that they can become self directed. We are dealing here with the vertical axis on Figure 1. Actually, most programs present a very limited appreciation of the many ways self concept is enhanced—almost as many ways as there are children. Values clarification is a major tool, though role playing and self awareness are also included.

Another model focuses on openess and sensitivity to others. Here the effort is to increase the empathic potential of children. Transactional analysis and T-groups are among programs advocated, the latter for classroom discussions of individual behavior. There is a potential problem in using such methods unless a teacher has had training in group therapy because human relations training can turn up a great deal of sensitive material. This is particularly true when special children are involved. Such efforts are usually at the social dimension on Figure 1.

A final model is consciousness expansion, which includes such programs as meditation and techniques to help a student "come in touch with his or her intuitive center," the higher self. Some specific programs have a cultish flavor and require indoctrination. This approach would not be accepted in most public schools. There have been legal confrontations over meditation in the schools.

In a general way, the teacher should recognize that these models are merely convenient ways of grouping programs and are hardly a set of

conceptually integrated methodologies. In all of them, the particular techniques are described with an implication that these lessons will produce the desired changes. One must recognize that the research base (when there is one) is tenuous at best. There is too much promised, more than can be delivered.

The capabilities of the teacher and the nature of the group carry more weight than any set of the activities per se. It is interesting that identification is not discussed in these models though it is generally held to be the basic process of socialization. The teacher's function as a figure for identification is a prominent program condition whether it is recognized or not.

Another basic book by Strain, Cooke, and Apolloni (1976), entitled *Teaching Exceptional Children*, is devoted to assessing and modifying social behavior. Again this is our horizontal line in Figure 1. The authors go into detail about the nature of emotional-social development, but they base the work on research that deals with aggressive behavior as well as prosocial behavior. Their theory of social behavior deals with Bandura's (1977) concepts and is particularly relevant to education. While their work is basic and research butressed, it is also practical and is of significant value to the classroom teacher in areas mentioned. The attention given to withdrawing youngsters, for example, gives a data base on this problem and also suggests educational procedures.

THE TEACHER AS INTERPRETER OF AFFECTIVE EDUCATION

The teacher has a particular role in recognizing the community impact of any specific program in affective education—both the "school community" and the community at large. Discussing the goals and processes with relevant parent groups and pupils is essential. As was indicated, on the basic aspects of affective education—self concept, self esteem, socialization and positive emotional responses—there is almost universal acceptance. These are constant concerns of parents, teachers, and pupils. However, the processes that are advocated by some affective educators may cause uneasiness, and there are times when even the values on which the country was founded produce fear in certain persons.

A sympathetic discussion of differences on these matters is necessary. Teachers must recognize that parent anxiety is based on positive wishes for their children and fear of what may be their lot. We have seen how sexual attitudes can divide the nation. The advice to teachers is direct. Be open and frank. Start with obvious problems where no one questions the need for attention, such as evident low self concepts or agressive behavior that is causing a great deal of difficulty in the lives of the youngsters. Concentrate first where there is a clear and evident issue. Eschew esoteric and cultish programs even if they have been personally useful to you. Recognize the many areas where values and tastes can differ without jeopardizing one's future on social com-

petency. There will be enough to work on in the essential elements. Balancing personal freedom with social responsibility is necessary. As the polls show, most of what the teacher does is an extension and elaboration of basic values held by society. The vast majority want and support affective efforts.

The characteristics of successful efforts have been summarized as follows (Munger, 1979): Attain compatability with the current school program structure, define realistic goals with evaluation efforts, obtain sanction and involvement from various relevant publics, serve all the pupils, emphasize basic skills that can be generalized, emphasize the processes that have general applicability, and be certain that pupil privacy rights are maintained.

We must remember that affective education is not anticognitive education. The need is for an affective-cognitive systhesis rather than thinking in one place and feeling in another. It is the combination of cognitive processes, such as the recognition and application of relevant values, that makes for progress. Many of the "feelie" procedures have made "gut reactions" and personal narcissism in doing "your own thing" a virtue regardless of the social implications. Man is a thinking organism, a feeling organism, and a social being.

In helping children toward positive mental health, it has become evident that the processes are not just an extension of clinical corrective treatment designs. Mental health personnel who work primarily in prevention have to change their stance for affective education. Helping normal kids be "more normal" does not require the same processes used in remediation. Affective education is best done in situ, during the normal processes of living. It is conducted by the adults who are part of the natural environments where children live—homes, schools, and community. The procedures extend and highlight normal educative processes. But this does not mean affective education is simple or that it can be done naively. It involves the fine tuning of the environment where the child is growing.

In short, we have seen that affective education is both new and not new. It is old in the sense that schools have always had an impact on affective development for both normal and special pupils at all ages. It is new in that schools now have an obligation to enhance the personal, social, and emotional growth with specific efforts aimed at various aspects of this huge problem. And schools are accountable in the case of special children. Affective education is a recognized obligation even to being included in individualized education programs. We have also seen that the way these goals are to be accomplished is part old and part new. The old is the recognition that what a teacher models, how curriculum is chosen, and what methods are used provide the generic base for affective education. The school experience must be challenging but one with which the pupil can cope successfully. It is new in the sense that there is insightful attention to the attributes of group life, classroom climate, and new methodology. Since affective growth in-

volves the whole experience of the child, there are as many ways to help as there are children to assist.

THE AGE LEVEL CHAPTERS

The specific program content is presented on an age level basis: preschool, elementary and secondary. Each deals with self development, social development and attitudes as described in Figure 2. Obviously, the age level provides the structure for what curricula the teacher will find appropriate. Yet, it is recognized that no precise age level demarkations exist in the application of methods to special children. At each age level the normal developmental tasks and affective problems of that age introduce the section. Following this, techniques especially appropriate to the age are reviewed. The available studies and theoretical material focusing on particular disabilities are included for each developmental level. Because of the overlap of methods and age relevant material, the teacher will find material in all age level sections that will stimulate new practices across age boundaries.

A final note must be added. This book was a collaborative effort of special education teachers on the basis of considerable first hand experience with special education teachers. This led to the approach taken here. Teachers know they practice a profession and not a trade. They are interested in knowing more than a technique and are concerned about "why" as well as "what." As the largest practicing group applying psychology to helping children, teachers have both a capacity and desire to understand more profoundly what they are about. Furthermore, they know the reality of the classroom and can make judgments about the practicality of many proposed programs without a great deal of editorial assistance. Teachers are able to take, remold, adapt, and create new forms once they appreciate the psychological issue involved. Recognizing the capacity of teachers to make specific use of material has led us to integrate both theory and practical material with confidence that each teacher will find ways to use what is appropriate to their particular field and children.

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2 Affective Education for Special Preschool Age Children

THE VIEW FROM WITHIN. The challenge of being a preschooler is the challenge of developing a symbiotic relationship with a caretaker that is rewarding to both human beings. As a toddler you need to be protected, directed at times, and cared for all of the time. You need freedom to explore your capacities with support but not domination. There are so many new things to experience. And you are changing so fast in what you can do.

You wish your adult helpers would enjoy your growth and know when to bail you out or when to let you try your way. You hope they find it exciting whether you are theirs or on loan. They must have a great supply of energy, no end of caring, and time. Above all, time for you.

If, as it so often happens, you have a uniqueness as a special child, you may tax the resources of your caretakers with a different rate and quality of growth. Sometimes you can gratify those who help you but it is often very hard. They must come to love you for what you are, a human being, and not for how you meet standard norms.

BASIC SUPPORT NEEDS FOR AFFECTIVE GROWTH

Young children are continually and intensely involved in the affective tasks characteristic of their age. Besides rapid physical and cognitive growth, parallel development is occuring in their self concept and self esteem, self expression, attachment to significant others, play with peers, and assimilation of social codes of behaviors. A day spent with young children provides fruitful examples of their affective development. It is difficult for them to hide feelings and moods. Interests and

creativity find expression in sociodramatic play, various art media, music, and movement. Peer relationships have their rough and tumble beginnings. Socialization has its painful and abrupt starts and stops. Attachment to significant adults is obvious.

For preschool educators, the critical aspect to consider about the child's journey along the dimensions of personal adequacy, social competency, and affective states is the utter dependency of early childhood. During this time of dramatic growth, the lifelines for the young child are primary caretakers. At their best, they provide an oftentimes confused and insecure child with a solid base of safety, support, and guidance.

Pringle (1975) devised a four fold classification of children's psychosocial needs that captures the essential role that parents and teachers should play with all children, regardless of age and skill level:

> *Need for love*, met by a stable, dependable, and loving relationship with parents (or permanent substitutes) who value the child unconditionally for his own sake; and *need for security*, met through relationships where attitudes and behavior are consistent and dependable, through continuity and predictability in a new and changing world.
>
> *Need for new experiences*, met by providing the child with increasingly broader opportunities for mastery and an ample 'diet' of play and language.
>
> *Need for praise and recognition*, provided by the pleasure shown at success and praise given to achievement by adults who love the child and whom he in turn loves and wants to please. Encouragement and a reasonable level of expectation are also provided.
>
> *Need for responsibility*, met by allowing the child to gain personal independence. (pp. 34-58)

Limitations in the child and inadequacies in caretakers have a serious impact on the child's sense of personal adequacy. In the first few years of life, handicapping conditions pose special hazards for a child's affective development. Inevitably these cluster around the impact of the child's special needs on his or her caretakers. While little research is available, general knowledge about child-parent interactions tells us a great deal. Delays and distortions in cognitive, sensory, or emotional growth may occur that alter the reciprocal bonding and attachment processes between infant and parent. Anxiety in caretakers generated over the child's extra need for care and attention may lead to overprotectiveness, resentment, and inconsistent handling. Attitudes of prolonged dependency and underestimation of skills may delay the development of autonomy, exploration skills, socialization, and creative expression. Further, as Pringle noted, the young handicapped child's special need for recognition and achieve-

ment suffers under a false assumption made by many parents and teachers that praise should be given for *achievement* as compared to a *normal* majority rather than relative to individual differences.

The history of early intervention with exceptional children is replete with programs that focus primarily on cognitive, motor, and language skills. While many programs have loosely defined objectives of establishing a positive self concept, too often these "social-emotional" goals are relegated to fourth or fifth place, or frequently left to chance. Little is available for teachers that helps define a preschooler's affective needs and outlines appropriate strategies, despite the recognition that, for handicapped children in particular, this is a crucial area. It is clear that developmental activities related to affective needs require further emphasis to lessen the impact of exceptionality on a young child's total affective development.

AFFECTIVE TASKS OF EARLY CHILDHOOD

The issue of developmental sequence and readiness is as relevant to affective development as it is to other areas of growth in young children. Few informed teachers would undertake teaching a 6 month old to walk or a 3 year old to understand Piagetian principles of conservation. Similarly, an infant under 1 year, for example, should not be expected to separate easily from caretakers nor should a group of 2 year olds be expected to play together harmoniously. Therefore, the preschool script of affective education for exceptional children needs to be written against a backdrop of developmental tasks that are characteristic of this age.

Developing Appropriate Self Concept and Positive Self Esteem

The development of self concept begins long before the young child smiles in recognition at his or her image in a mirror or announces proudly that his name is "John!" Early in infancy, the child begins to develop a *sense of self*, a perception of where his or her own body stops and the external environment begins. Sense of self includes having an awareness of body parts and functions and moving the body to purposeful action. Hands reach and hold objects and direct food to the mouth; legs and feet propel the body forward. For every special child, we consider the impact of limitations on this stage of evolution of self.

Later in early childhood, a beginning *sense of identity* in the context of being different from or similar to others contributes to self concept. For a preschooler this may mean learning gender identity, name, physical characteristics, and what possessions are his or hers. Both a sense of self and sense of identity are "I, me, mine" statements a young child makes through his or her behavior: what I can do, what I look like, what I am called, what is mine, what I want. This important task of developing a self concept seems critical to all other areas and phases of development. According to Piaget (1967), it is basic to all other concepts the child acquires.

Level of self esteem is an important component of affective growth. It is a function of feeling worthy, valued, and skilled. It also comes out of attitudes and expectancies of parents and significant others. For the young child, issues of dependence and independence are particularly salient to the formation of self esteem. Extremes of either are likely to engender feelings of incompetency and self doubt. Parents and teachers of preschoolers would do well to seek the balance: foster independence with support and dependence with encouragement toward independent initiative.

Successful accommodation to the environment through *mastery* is basic to the development of preschoolers' autonomy from caretakers and formation of positive self esteem. Clearly, mastery is the *most* important developmental issue for young children. Within 5 years, most children acquire the same set of survival and adaptation skills by learning to eat solid food, walk, talk, and control elimination. A myriad of conceptual and perceptual abilities are formed and practiced during endless hours of playful exploration with the environment. The acquisition of language skills is a particularly important prerequisite to normal social interactions with peers and adults. With mastery comes joy and a sense of achievement. The 3 year old's cry of "I can do it myself" illustrates this link between emotion and learning.

Developing Social Competency

The often used expression *social skills* actually comprises two related but separate sets of behaviors: (a) awareness of and interaction with others, and (b) development of self control and cooperativeness. The foundations for social relationships are found in the parents' bonding to their infant and the infant's reciprocal attachment. The many baby-parent interactions give rise to smiling, verbal and physical interplay, and physical affection between parents and child. As caretaker attachment becomes established in the baby's first year, he or she comes to trust and rely on familiar adults. Fear of nonfamiliar persons and separation protest—abnormal reactions in older children—are developmentally appropriate behaviors for infants who are attached to caregivers.

The onset of mobility gives the toddler a new sense of autonomy from caretakers and enables an active, seeking out of others and things in the environment. Clearly, *playing* mediates most social experiences for the young child. Preschoolers, being largely egocentric, *typically* have difficulty with peer interactions and rarely engage in true, cooperative play for long periods. Aggressive, fearful, and withdrawn behavior, considered more deviant in school age children, is normal and expected behavior in the preschooler who is suddenly or inappropriately placed in social situations with peers.

Socialization is a process that, like all others, has its beginning in early childhood. Initially, the family introduces rules of conduct, first to protect the young child, and then to integrate him or her into a broader

world. Gradually, peers and teachers add their own embellishments of socially appropriate behavior. The responsibility for socialization of preschoolers traditionally has rested within the family; however, increasingly, teachers of young children share this role with parents. Conformity to rules is a process that begins with the first "no" directed to a toddler about to topple a lamp. But, in the progress toward autonomy and definition of self, the young child has a developmental need to assert his or her own will and be oppositional at times. A preschool child obeys because of negative consequences. Later, conformity and cooperation become related to the desire to please valued adults and the internalization of appropriate conduct through identification.

Developing Emotional and Aesthetic Expression

The development of emotional expression in infants and young children, as Piaget (1967) stated, is difficult to observe apart from cognitive or motor development. In addition, as parents and teachers, we naturally pay emotional expression little heed unless it is extremely positive or negative in some fashion. Parents breathlessly watching the first walking step are apt to respond—with their own emotions—to the motor act itself, and not to the expression of apprehension and wonder on the infant's face. We attend to what people *do* by and large and *not* to how they *feel in doing*.

Researchers have only recently begun to investigate the developmental emerging pattern of affect. As Casto et al. (1976) discussed, some agree that the newborn's general excitatory state soon differentiates into delight and distress, then fear and anger. A further differentiation takes place in early childhood into the full range of emotions apparent by the age of 4. Thomas and Chess (1977) proposed that infants are born with emotionally different temperaments—"easy, slow to warm up, and difficult"—that persist throughout development and interact with environment to shape personality. Whatever the temperament, one can rely upon young children under age 7 to express emotion primarily through their bodies and not through words. From infancy on, caretakers train themselves to read the physical cues a child sends out to indicate distress, pleasure, fear, overexcitement, anger, etc. A young child will indicate moods and emotions largely by actions and adults' attempts to obtain verbal equivalents are sometimes in vain.

Preschoolers gradually acquire the language of emotions by hearing it from adults and, with encouragement, will use the words to describe how they and others feel. Young children under age 7 are characteristically described as egocentric, unable to take another's point of view although their *understanding* of other's thoughts, feelings, and motives increases with age. However, Borke's (1971) observations of young children suggest that preschool youngsters are not only aware that other people have feelings but also actively try to understand the feelings they observe. This may mean that young children can learn

not only the language of emotion but also can be helped to identify and understand feelings in others.

A second aspect of a child's self expression relates to creativity and aesthetics. A young child learns about the world, not only from his or her adult teachers and models, but, in many senses, by *remaking* it. Creative expression begins early when, and if, the child is allowed to experiment with such materials as crayons, fingerpaint, simple musical instruments, and clay. Continued opportunities with movement, music making, make believe dramatics and stories, construction, and a whole range of visual arts reinforce positive self concept and self esteem: "I made this up all by myself!" In addition, a foundation is laid in these early years for later artistic pursuits and interests.

Judging the Status of Preschooler's Affective Growth

How are parents and educators to judge whether a young child is developing maximally or even adequately in affective development? Casto et al. (1976), after discussing the important aspects of cognitive development in preschoolers, devised a behavior checklist that describes an "affectively competent" 5 year old. In the natural environment, the following might be observed:

1. The child would emit positive and negative responses freely.
2. The child would discriminate easily between caretaker and significant others.
3. The child would demonstrate a secure attachment relationship to at least one person.
4. The child would initiate social interaction with peers or adults.
5. The child would display and recognize in others five or six basic emotions.
6. The child would get and maintain the attention of adults in socially acceptable ways.
7. The child would demonstrate cooperative play and sharing.
8. The child would demonstrate respect for the rights of others.
9. The child would demonstrate appropriate responses to negative situations.
10. The child would praise himself and show pride in his accomplishments.
11. The child would demonstrate knowledge of sex role in play activities.
12. The child would accurately depict his skill level in four or five major areas. (pp. 35-36)

AFFECTIVE EDUCATION PROCESSES FOR THE SPECIAL CHILD

What tools are available for teachers to enhance the affective growth of handicapped preschoolers? First, common sense coupled with experience and knowledge about young children tell a teacher that, even without expensive materials, much can be accomplished through

careful planning and thoughtful interactions. As Pringle noted, when a young child's needs for love, security, new experiences, praise, recognition, and responsibility are met, he or she is well on the way to positive self concept, self esteem, and relationships with others. By and large, special educators are trained to teach to a particular problem or disability. As a result, it is sometimes difficult to keep the young child's total development in mind. Educators all need reminders such as those described below by several special educators (Lynch & Simms, 1978; Safford, 1978) to keep children's self concept, self esteem, and social competence in focus:

1. Give the child with disabilities opportunities to help others. So often, he or she is on the receiving end. Make him or her responsible for a part of the classroom routine.
2. *Respond* to the child's need for assistance—don't *anticipate* it. This will help the child move toward autonomy, initiative, and industry.
3. Avoid labeling, comparisons with others, or a competitive atmosphere.
4. Respect the child's needs for stability, repetition, and routine, rather than pushing him or her to move on before he or she is ready.
5. Include each child as fully as possible in all activities.
6. Reassure children with disabilities that you understand how hard some processes are but express confidence in their ability to learn.
7. Talk over your own emotional reactions to particular disabilities with other staff to help ensure that children are not subjected to subtle messages of anger, rejection, pity, or overprotection.
8. Provide recognition for effort as well as achievement.
9. Be cautious about referring to children only in terms of disability ("our physically impaired children"). Instead, train yourself to view them as children first or foremost like everyone else with individual differences.
10. Be aware that a child with disabilities may have an especially difficult time separating from his or her caretakers and trusting a new teacher.

While it is true that, in a sense, affective education goes on each moment of a child's day, special activities can help teachers and staff focus more clearly on a curriculum of affective development, as Figure 3 illustrates.

Beyond common professional understanding, teachers can draw upon what research and curriculum development suggest as useful in meeting an exceptional child's affective needs. Cesic et al.'s *Affective Behavior in Preschool Children* (1976) and Enzer's *Social and Emotional Development: The Preschooler* (1978) summarize research and theory about affective development in young children, particularly those with handicaps. Commercially available materials have been created primarily for nonhandicapped school age children. Some are

FIGURE 3: Affective Development Curriculum: A Sample Outline

Developmental task	. . . from the child's point of view	Curriculum content	. . . and sample activities
Sense of self	What is *me*? How can I move my body for purposeful action?	Body concept Body awareness Control over body movement Sensory awareness	Tactile stimulation Identification of objects through all senses Identification of body parts Use of mirrors during movement Songs and games leading to controlled movement
Sense of identity	How am I different/similar with respect to others? What do I look like? What groups am I a member of?	Gender and name identity Physical characteristics Family relationships	"All about me and my family" books made by children Self representations through photographs, tape recordings, self drawn pictures "Show and Tell"
Emotional expression	How do I feel when ___? What do I do when I feel ___? How do others feel when ___?	Awareness, language Identification and expression of emotion	Hearing adults talk about their own emotions Use of story telling, puppets, situational pictures Opportunities (structured and nonstructured) for sociodramatic role playing, especially of impending or past experiences that are frightening or stressful "Mood moving" to music Talking about feelings
Aesthetic expression	What is an expression of *me*?	Expression of ideas, perceptions, and feelings	Open ended activities that focus on process, not finished product Creative dramatics, movement, painting, clay work, other visual arts Music making
Social interactions	How do I communicate with others? How do I play with peers and relate to adults	Language Play Attachment to adults	Toys that promote cooperativeness and interactive play Opportunities for free play Availability of adults on a consistent basis Small groupings/peer modeling
Responsibility and cooperativeness	What can I do for myself? What can I do for others? How do others want me to behave?	Independent skills Decision making Helping behavior Acceptance and compliance with rules	Self help teaching, classroom jobs Leaving the classroom to explore the community Feedback on positive and negative behavior

supplemental aids to affective education; some are total programs. However, little attention has been focused on specific affective curricula for the young child. Most suggestions for enhancing affective development in preschoolers are found as a small part of larger, more cognitively oriented curricula.

Enhancing Self Concept

Activities that help build a young child's sense of self and identity are a necessary part of the preschool curriculum. For some children with handicaps whose self concept is delayed or distorted, activities in this area are essential. With mentally impaired children, development of self concept seems to proceed through the same stages as for normal children except at a lower rate, the rate depending upon the degree of retardation. Thus, developing preschool self concept competencies may extend past the preschool years. For young emotionally impaired children who do not exhibit psychotic behavior (e.g. those who may be withdrawn, highly anxious, aggressive, or hyperactive), sense of self and identity may develop at a normal rate but in unfortunate ways. They usually see themselves as "bad" and failures, and adults as rejecting. Immaturity is characteristic. Distortions of body image are seen in self drawings which, taking developmental skills into account, may exaggerate or diminish certain body features. Young psychotic children have a poorly defined sense of self, and with the autistic the sense of identity seems to be vastly delayed.

For young children with visual impairments, discovery of physical self occurs primarily through tactile channels that give rise to characteristic hand posturing. The child must locate the self without visual clues, such as representations of his or her body in the form of others, mirrors, and doll pictures. Sex role identity is difficult and body image is less differentiated. Physically handicapped children experience the body very differently. A normally developing infant discovers his or her physical self by moving body parts, observing what impact they have on the environment, and by receiving sensory feedback. In this respect, beginning self concept in physically handicapped children who cannot feel and move some body parts adequately may be delayed or distorted.

For a significant minority of young exceptional children, special needs center around giftedness or special talents, with or without other handicapping conditions. While gifted children have received increasing attention in recent years, relevant research and curriculum innovations are sparse in early childhood and even more so in the area of *affective* needs of young gifted children. Like any group of exceptional children, gifted preschoolers do not have a unitary set of characteristics, and debate continues about the impact of special talents on adjustment. Therefore, assessment of individual needs is crucial.

Several researchers and programs have described the impact of giftedness on the affective sphere, particularly self concept and self

esteem. The results, while only exploratory and suggestive, may have some relevance for teachers and parents of gifted preschoolers. Klein and Cantor (1976) studied the effects of an affective education program on self esteem of gifted versus nongifted children, kindergarten to fourth grade. Findings indicated that intellectual giftedness did not necessarily lead to high self esteem and that more gifted versus nongifted kindergarten children manifested poor self esteem. Karnes and Lee (1978), in discussing the self concept of gifted preschoolers with other handicaps, pointed to the "conflicting nature" of the handicap wherein the child greatly excels in certain areas but must simultaneously cope with a disability. The lower expectations by significant persons, they proposed, may serve to mask significant talents and impede optimal development. Issacs (1973) reviewed research on the subject of discipline as it applies to the education of the gifted. She noted that parents and teachers of gifted children are seen to have special difficulties in management (such as the gifted child's seeing the discipline as a stimulus to ingenuity rather than punishment). Emphasized in the review is the need for play as well as work in the life style of the self disciplined individual.

Pasick and Hiatt (1977) discussed some nonempirical findings after conducting a year long enrichment program for highly intellectually skilled 4 year olds and their parents. They found that self esteem was lower in the most precocious children, that these preschoolers could verbalize "feeling different" from others, and that those differences (like reading newspapers or creating highly imaginative and cohesive stories) may result in negative self appraisal. As a group they seemed quite self critical and set high standards of performance for themselves, resulting inevitably in a lowered self esteem when skills could not equal goals. In addition, while these exceptionally skilled children greatly sought after peer play and friendship, several of the children were rejected, or because of heightened sensitivities and awareness, *perceived* themselves as rejected. Partially as a result, they seemed to prefer the company of adults who were more accepting. Expression of emotion was facilitated by verbal ability and they were quite competent in recognizing emotions in others. The authors, in agreement with Karnes and Lee, suggested that gifted preschoolers benefit from interaction with peers of similar abilities and talents.

Many preschool curricula for nonhandicapped children are centered around activities that *indirectly* contribute to children's self concept: drawing, circle time for language, communication, "show and tell," games, and songs with body movement, etc. Goals for these activities are multidimensional with primary focus on cognitive, motor, and language skills. Some young children with handicaps whose self concept is not developing properly may benefit from a more *direct* approach to affective development. An excellent, relatively inexpensive set of materials and activity suggestions, the *Big Box: Body and Self Awareness* created by Developmental Learning Activities, is well known to many early childhood programs and is appropriate for many

exceptional children. Materials to increase body and self awareness include activity cards, puzzles, spirit masters, picture cards, and posters. All are multiracial in nature.

Several more complete affective education packages are commercially available and may prove useful, providing that teachers, as Hunter (1977) cautioned, do not allow the rigid agenda of the program to take precedence over the more immediate problems of the class. These programs are focused broadly around children's affective needs: emotions, social development, behavior control, as well as self concept. They are arbitrarily grouped here under a discussion of interventions to enhance self concept.

Interventions to Enhance Self Concept

Developing Understanding of Self and Others (DUSO) (Dinkmeyer, 1973) is a program of activities and accompanying materials for 5 to 9 year olds that draws heavily upon imaginative processes to stimulate social and emotional development. The program is organized around major themes such as understanding and accepting self, feelings, independence, choices, and consequences. Puppets, role playing, stories, and records are included as materials. For preschoolers some units may need scaling down and some may be inappropriate (such as the unit, emotional maturity). DUSO is flexible and adaptable. Listening, inquiry, and discussion are the approaches to learning through DUSO, and may not be as useful for preschoolers with severe hearing or cognitive impairments. A complete and more expansive social-emotional curriculum directed toward child self concept and socialization is *Project "Me", Media for the Exceptional* created by the Dubnoff School for Educational Therapy. Designed for use by educationally handicapped children, this program is totally audiovisual, and, thus, not appropriate for children with certain sensory impairments. Interactive programing is the unique feature of this system. Children respond to a soundtrack and filmstrip by going up to a screen, touching, tracking, drawing, tracing, sticking things on, and talking about what they have seen. The screen responds—even with praise for good work. For preschool children, Body Image-Level 1 is appropriate. Other units include: How Are You Feeling Today, I Know How You Feel (empathy, tolerance), and If You Do Something (causes and effects of behavior).

Focus on Self-Development (Anderson & Miner, 1971) is a popular affective education kit that aims to help children understand themselves and others. Stage One (Awareness), designed for kindergarten through second grade, focuses on self concept development, sensory awareness, socialization, sharing, and problem solving. Many of the activities could be adapted for younger children who have good language and preacademic skills. Materials include filmstrips, records, posters, and workbooks. Role playing, discussion, games, and projects serve as processes.

A package more appropriate for preschoolers is the *Early Childhood Series* published by Bowmar. Correlated materials develop language, positive self concept, motor perceptual learning, and intellectual growth. Family relationships, personal likes and dislikes, social relationships, and individual differences are the focus. Each part of the series consists of picture books and corresponding records.

Another program has been developed to enhance personal, leisure time, and language and cognitive development. *Steptest* (Heber & Garber) is a series of 22 picture books with a teacher read test. These sequenced books, intended for use with 5 year olds, are available through Follett Publishing.

Few materials or programs in affective education have been developed for young children with specific handicaps. For severely visually handicapped and blind children ages 4 and 5 *Child and His World* (cited in Casto et al., 1976), produced by the Society for Visual Education, provides a series of 12 recordings that focus on identity, independence, and social relations.

One notable exception is *Developmental Therapy for Young Children with Autistic Characteristics* (Bachrach, Mosley, Swindle, & Wood, 1978). This program, designed at the Rutland Center and University of Georgia, is a therapeutic curriculum directed toward social and emotional growth. In contrast to many programs for severely impaired children, Developmental Therapy has established itself as a *growth* rather than *deficit* model by focusing on normal developmental milestones. This highly structured and systematic program can be effectively used with any child who is very unresponsive to the environment and functioning developmentally from birth to 3 years. Home programing is emphasized. As soon as possible, children concurrently attend another program with more normal peers. The *Developmental Therapy Curriculum* is organized and implemented around several stages. In Stage I, for example, the focus is on helping children respond to the environment with pleasure. Parents and teachers arouse and satisfy a Stage I child's basic needs through constant physical contact and caring, using body vocabulary, a controlled vocabulary of simple language patterns, routine, and sensory activities. Stage II children are helped to respond to the environment with success. Caregivers respond more verbally to children and activities are designed to build self confidence. At Stage III, children are treated more in a group, with teachers and parents serving as reflectors of children's feelings and progress; By Stage IV, children help in their own planning and problem solving; the emphasis is on learning, and intervention approximates "real life."

Enhancing Social Competency

For the young child, relationships to primary caretakers are central to all other areas of development and are especially related to subse-

quent interactions with peers and other adults. Casto reviewed the research literature on caretaker attachment of handicapped infants. In mentally impaired babies, behaviors that enhance the attachment process, such as smiling, laughing, fear reactions, and gazing, are usually delayed. This unresponsiveness in the child may adversely affect parents' responses. Infants with sensory and physical impairments are also at risk for appropriate caretaker attachment. Deaf children often produce much frustration in their parents over communication difficulties. With blind infants, attachment occurs later than normal and not without considerable physical contact and affection from parents to enhance the attachment process. If a physical impairment is present at birth, parental acceptance may not come easily and attachment could be delayed by frequent hospitalizations. Young children with severe emotional disturbances such as autism are typically unresponsive as infants to usual parental warmth and tend not to rely on caretakers for comfort and assistance. Their lack of smiling, eye contact, and reaching out for parents greatly impedes the attachment process between child and parent.

Social interactions with peers occur most often in the context of play. The majority of children without special needs require little more than a play setting, simple toys, and a group of similarly skilled peers in order to play imaginatively and pleasurably. For preschoolers with handicaps, that is often not enough. As Smilansky (1968) noted, those with moderate and severe mental impairment tend to engage in much manipulative and exploratory play and demonstrate little interest in symbolic or make believe play. Since many moderately and severely mentally impaired children are delayed in several areas of development, this may hold true for social interactions. Some will be "terrible two's" while their peers are cooperative and social 4 year olds, and, therefore, seem very temperamental and uncooperative in group play situations. Direct interactions with the social environment through language and cooperative play may be difficult and the mentally impaired child may employ more indirect means, such as tantrums and acting out behavior, to interact and receive attention. It may be difficult for this child to read social cues in play interactions. When others redirect play from one theme to another, the child with cognitive delays may continue with one theme, resulting in impatience and irritation in others. Finally, while young children are typically fickle in their friendships, the mentally impaired child may prefer one or two friends for playing and guidance.

For mentally impaired preschoolers, more time must be devoted to helping them with play by playing with them. Proper selection of toys to match developmental level is crucial. Adult and peer models for playing, especially around make believe play, are often necessary. Strain (1975) demonstrated, with eight severely mentally impaired preschoolers, that the opportunity to engage in sociodramatic activities and increased social play are functionally related.

Preschoolers with language or sensory impairments tend to have less access to play materials and peers. This seems particularly true for severely visually impaired or blind children who need much encouragement to actively explore play materials. Barry (cited in Safford, 1978) suggested that parents attempt to create enjoyable activities with their partially sighted children instead of following prescribed, structured play activities. The Illinois State Board of Education, in *Toys for Early Development of the Young Blind Child*, has described three kits of commercially available toys that parents and teachers can use with three age groups of preschool visually handicapped children.

Many other categories of impairment are confounded with a dual problem, such as retardation and emotional disturbance. Therefore, this section is critical for all areas of special education. For the emotionally impaired youngster, most definitions of their disorders include forms of social maladaption. The introduction of group play settings often points up their emotional difficulties, perhaps for the first time. Withdrawn and anxious children may be very fearful of separation from their parents and partly or completely remove themselves from play activities with others. Friendships may be difficult. Preschoolers who tend toward overactivity cannot concentrate on play activities or stay in small groups for sustained periods. Psychotic children also tend toward isolated behavior although they may become overly attached to one person. Because they generally avoid contact with others and may exhibit bizarre behavior, other more normal children may not be motivated to interact with them.

Increasing attention is being paid to young children whose aggressive and acting out behavior interferes with the development of positive peer relations in later preschool years. Caldwell (1977) pointed out that teachers need to facilitate the development of cooperative and supportive behavior to promote altruism and prosocialization in young children. Helping them learn to de-escalate aggressiveness back to the level of play and modeling of nonaggressive behavior by adults may develop self control and concern for others.

Wolfgang (1977) described a technique for helping extremely passive or aggressive children by guiding them through various forms of play. Beginning with establishing a body level of trust (using physical contact and mirrors), the intervention procedure progresses to help the child productively use "fluid" materials (sand, water, clay), then symbolic miniature toys, and finally, life sized toys for sociodramatic play with others. More passive and aggressive children are reinforced by teacher attention for productive interactions with play materials. Teacher reinforcement is described on a continuum from nondirective (watching play) to directive behavior (providing physical help or modeling). Case material is provided to support and define this intervention technique.

Apart from special techniques for specific handicaps there appear to be several general approaches to increase children's prosocial

behavior, as discussed by Strain, Cooke, and Apolloni (1976). Simply providing appropriate play settings and play materials that invite social interaction may suffice for some children. Teachers may also conduct group sessions designed to increase social awareness (such as "Magic Circle," see page 42) or promote social interaction through teacher led group play activities. In addition to "Magic Circle," DUSO, *Project Me*, *SEED* (cited in Casto, 1976), *Focus on Self Development*, the *Early Childhood Series*, and Woods's Developmental Therapy already described in this chapter, have social awareness activities as a component.

Another group session program to increase social behavior in preschoolers has been developed and researched by Spivack and Shure (1974). Their training program for teachers is based on the premise that improved ability to think and solve problems leads to increased behavior adjustment in preschool and kindergarten age children. Through games and dialogues, children learn word concepts and develop cognitive skills that relate to interactions with peers. The authors cite three research studies that they claim validate this treatment approach. While the Spivack-Shure intervention is primarily preventive in focus, it is deemed applicable for unresponsive, disruptive, and dominating young children as well. Informal dialogues between teacher and child carry over group learning to unstructured play. For example, in an interpersonal conflict, causal thinking is first elicited ("Why did you push her off the swing?"), then the teacher asks the aggressor what *might* happen (if she is pushed). Finally, the child is helped in alternative thinking ("Can you think of a different way to get to use the swing?").

Another strategy to increase appropriate social behavior in young children is to reinforce social interactions through selective attention by adults. Sheppard, Shank, and Wilson (1973) have written a training manual for preschool teachers that outlines, in very readable language, a social learning theory approach to managing social behavior. This book is almost a programed learning text and would be useful for teacher in-service or self training. Another easy to read text for teachers and parents by Mayer (1974) provides suggestions for helping children in everyday behavioral difficulties, helping those who have serious emotional problems, and for setting limits and directing behavior through techniques of positive reinforcement.

Strain and Wiegerink (1976) investigated the functional effects of sociodramatic activities on the social play of behaviorally disordered preschool children. Instead of focusing on contingent teacher attention to reinforce sharing, building together, and verbalizations among children, they experimented with another technique that required less teacher time. At the end of a "language time," the teacher read aloud a well known fantasy story (like *The Three Bears*) and then elicited a short dramatization of the story by suggesting roles to various children. Observations of free play directly following the group time

indicated that, compared to a baseline rate of 10% social play, children engaged in an average of 43.6% social play following the creative dramatics technique. This study pointed up the importance of including some teacher led imaginative play in curricula for children who have difficulties in social interactions. In addition, the authors reviewed the literature on the relative effects of various toys and materials on social play and suggested that the preschool environment may be arranged to set the occasion for positive interactions among children. Presumably then, the role of housekeeping corners and "pretend" boxes of costumes and props are important in the preschool classroom.

Enhancing Emotional and Aesthetic Expression

Young children, particularly those with special needs, need a variety of experiences in self expression. Compared to the wealth of materials and ideas aimed at enhancing cognitive development, little attention has been paid to developing a young child's emotional and aesthetic expression. Certainly, for young children viewed as withdrawn, overactive, aggressive and fearful, appropriate expression of feeling is perhaps a central issue. Hunter (1977) pointed out several advantages teachers have in beginning early to help children formulate socioemotional skills. Four year olds have a natural desire to talk rather than listen; they can learn to sit, listen, and wait their turn to express themselves. Since peer relations have not yet become all important, they are very concerned about positive relationships with adults. Hunter discussed several kinds of affective skills preschoolers can learn: how to say what they feel, how to notice others' feelings expressed in nonverbal behavior (gestures, face movement, voice tone), and how to listen to what others say. Hunter counseled that teachers may want to postpone dealing with negative feelings and thoughts until kindergarten, because 4 year olds have difficulty differentiating between what is real and make believe. Initially, they can be helped to express themselves through puppets, drawings, paintings, or role play.

Several studies of mentally impaired children point to the need for further research and intervention in this area. In a study examining the association between affective and cognitive development in Down's syndrome infants (Cicchetti & Sroufe, 1976), it was found that Down's syndrome babies responded with laughter to groups of stimulus items in the same order as did previous samples of normal infants, although the process was delayed by several months. Another study reported that a technique of intensive play has been found to be effective in building affective behavior in young, profoundly mentally impaired children. Bradke, Kirkpatrick, and Rosenblatt (1972) described techniques of close body contact and physical stimulation that helped break through barriers of unawareness, fearfulness, and unresponsiveness to increase affective behavior in their sample.

Often help will be needed in *identifying emotions*. Photographs, pictures, or stories are often used to help young children learn to

recognize emotions. The *Discover: Self and Society* program (Heber and Nardine, n.d.) uses 30 color prints of scenes and situations designed to portray a wide range of moods, emotions, feelings, and attitudes common to the young child. With *Kindle* (available through Scholastic Magazines), a filmstrip program for the older preschooler, the child is encouraged to express feelings about what he or she sees. The accompanying lesson guides can be used with handicapped children. For preschool multiply handicapped children, the Sewell Early Education Developmental (SEED) Program in Denver, Colorado, has developed a guide of activities over a vast range of major learning areas, including social-emotional development. Finally, many books published by Human Sciences Press for young children deal with emotion laden topics such as death, fears, and new babies.

The Human Development Program (HDP), known as "Magic Circle," describes a set of techniques and activities to facilitate affective development in preschool and school age children. Based on the theoretical viewpoints of Horney and Sullivan, the program has three main areas of focus: awareness and communication of feelings, independence and self esteem through mastery, and social interaction. For 20 minutes daily, in a circle format, the teacher leads preschoolers through discussions, games, movement, role playing, verbalization, and labeling of feelings. Bessell and Palomares (1970) stressed that the program can be adapted for children with serious emotional difficulty. Typically, teachers are trained by Human Development Training staff to implement the program. The research on "Magic Circle" effectiveness indicates some of the difficulties in evaluation of affective education programs of various styles. Studies have investigated HDP effects on children's reading scores, behavior, self control, self concept, and discipline. Most of the findings, reported by Medway and Smith (1978), provide little evidence that HDP per se enhances children's affective skills. However, they conclude that "consistent and relatively long term use of affective education materials (whether HDP or not) can improve students' self-concepts and attitudes toward school" (p. 262).

Self expression through art, music, and drama is an overlooked part of curricula for handicapped children, perhaps because, as Safford noted, almost exclusive attention is devoted to their problem, disability, or deficiency. For withdrawn, fearful children, visual arts can be an effective medium for expression, just as drama can be effective for acting out or aggressive children. Persons with visual handicaps often excel in music. Increasing attention is being paid to the hidden artistic potential of children and adults with mental impairments. Rubin (cited in Williams & Wood, 1977) described the many benefits art experiences can hold for handicapped children, including: a way to explore and find pleasure in the environment, a way to control and have mastery over something, a means to experience success and express feelings, and a way to elaborate on the real world.

Meers (1976) discussed the role drawing, poetry, and language play in developing a sense of identity in the nonverbal language delayed young child. Others such as Miller (1976) concurred that art can be a means for expressing significant thoughts and feelings for deaf persons.

Two curriculum guides, *Developmental Art Therapy* (Williams & Wood, 1977) and *Music in Developmental Therapy* (Purvis & Samet, 1976), are comprehensive resources for teachers of exceptional children. Both are extensions of the procedures described by Bachrach, Mosley, Swindle, and Wood (1978) and detail many activities that can be used by teachers without art training with a range of handicapped children, including severely emotionally disturbed and developmentally delayed children.

Working with Parents in Affective Education

Along with the joy and challenge of raising children, *all* parents are faced with implicit affective issues in parenting that lead to stress and, hopefully, growth. The reciprocal processes of bonding and attachment *by nature* require close, frequent and, it seems, relentless contact between infant and caretaker. All family members significantly adjust their roles when an infant arrives—sometimes happily, sometimes not. Doubts about parenting competence arise, as do resentments over the limitations on parents' leisure time and mobility. Inevitably, as "toddlerdom" and new independence occur, there are exasperating confrontations between parent and child. But throughout, reinforcement from the child in the form of recognition, smiling, affection, and growth help to offset the inevitable stresses of parenting.

For parents of young children with handicaps, the affective issues of parenting in general are joined by other stresses that might be, but are not necessarily present.* Parents may experience guilt and grief processes over the child's disability. At first many feel inadequate in coping with particular aspects of the handicap and come to depend heavily on professionals for guidance. Toward the child there may be feelings of ambivalence and resentment on the one hand, and overprotection and denial of the handicap on the other. Separation issues can arise during hospital, residential, or preschool placement. Educational programing, physical therapies, and medical procedures required of parents add strain to family life. There are increased risks for the marital relationship, especially when financial difficulties are present. Finally, unlike many nonhandicapped children, young children with special needs may not be able to as easily provide

*This point is not to be taken lightly. All too readily professionals assume that parents of exceptional children are necessarily wrought with stresses that in fact may not all be present. The positive aspects of parenting children with handicaps are often overlooked. For example, there are personal satisfactions in helping a child overcome deficits, a sense of 'team effort' among family members, and an appreciation of human potential, obvious 'givens' in life, and of individual differences in general.

parents with the quantity or quality of reinforcements necessary to offset stresses.

Arnold's *Helping Parents Help Their Children* (1978) is a comprehensive sourcebook of parent guidance theory and techniques that is useful for teachers and other professionals. The contributing authors offer varying conceptual frameworks, strategies for helping parents with specific child problems (including mental retardation, chronic illness, and aggression), and guidance for professionals counseling parents who have problems (e.g. mental illness). Schlesinger and Meadow (1978) described the "treatment crisis" phase when parents are in conflict over overwhelming and sometimes incompatible advice from professionals. They counsel teachers to enlarge the parental role rather than usurp it. In addition, the article described in detail the many autonomy and communication issues between parents and deaf children that result in behavioral difficulties. Freedman (1978) described the research conducted with blind infants and mothers around attachment and communication issues. In particular, he discusses Selma Fraiberg's research with this population.

Most preschool early intervention programs promote active parent participation in the special education of their children. Models representative of these efforts are well summarized by Honig (1975). Emphasis is on training parents to increase their child's skills through home programing. In the area of social and emotional growth, little material is available to aid teachers in their work with parents. A few training programs, however, seem to give affective needs of young handicapped children and their caretakers a high priority. Brown and Moersch (1978) discussed ways to actively involve the parents of handicapped infants and toddlers, outlined advocacy roles staff can assume, and generally focused the reader on a parent's and sibling's point of view. Cansler and Martin provided similar information for teachers in their manual for developmental centers serving either an exclusively preschool handicapped population or a more integrated group. In another program, creativity and self concept are among the eight parent training topics of the Marshalltown Project, directed at young handicapped children. Finally, *Parents Magazine* (cited in Casto, 1976) has developed a filmstrip series, *The Development of Feelings in Children*, designed to aid parents in teaching children to deal with their emotions. Titles include "How Feelings Grow," "How to Deal with Fear," and "Love and Joy".

Mainstreaming and Affective Education for Preschoolers

The essence of the mainstreaming situation is that physical integration without attention to psychological conditions can produce more negative than positive effects. We must examine the actual nature of the specific condition to judge what normal and special children are really learning. Few would dispute the claim that, for most young handicapped children *and* their nonhandicapped peers, a mainstreamed educa-

tion program has affective benefits. As Safford noted, "Probably for most children, an optimal degree of association with non-handicapped age-mates is a necessary but not sufficient condition for the child to view himself as capable, and as a person who is valued as an individual" (p. 301). Guralnick (1976) stressed the need for *systematically* designed interactions if nonhandicapped children are to be effective as educational and therapeutic resources and models for exceptional children. He concluded that the handicapped child may derive benefits from the mainstreaming process that are not available elsewhere.

For preschool teachers working in a mainstreamed setting, questions often arise about affective development. How can handicapped children best be integrated into activities, particularly those that point up their disability? How can "normal peers" be best used as models? What are some ways to cope with resistances of parents of both groups of children? The "Mainstreaming Preschoolers" series (1978) is a readable and comprehensive source of ideas and information for teachers, parents, and paraprofessionals. Eight books, one for each categorical disability, discuss the characteristics and needs of particular handicapped children, provide techniques for optimal classroom structure and management, and present ideas for parent participation.

If exceptional children are to find acceptance in regular classrooms, the needs of nonhandicapped children for information about handicaps and for processes to help them develop "nonhandicapist" attitudes must be met. For preschoolers, Human Sciences Press offers many titles that deal with these processes. Encyclopedia Britannica Educational Corporation (Sloan, 1977), in association with the Institute for the Study of Mental Retardation and Related Disabilities (University of Michigan), has developed a series of sound films for special education at the preschool-primary level. The series initiates awareness of various handicapping conditions, presents information about handicaps, dramatizes how young children adapt to handicapping conditions, and encourages discussion of feelings and attitudes toward handicapped individuals.

Finally, *Like Me* (Brightman, 1976)* is a photographic essay and accompanying poem designed for *all* children that seeks to present the exceptional child's point of view to others without handicaps. The following excerpt serves as a provocative reminder to all professionals concerned with the affective needs of children:

So, how are we different?
In name, face, and size?
In the things
That we know how to do?
When you look at the difference
It's all in your eyes.
So the difference
Is all up to you.

*Excerpt reprinted with permission by author.

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3 Affective Education for Special Elementary Age Children

THE VIEW FROM WITHIN. Independence is the thing: if things have gone well you can take care of yourself in a lot of ways. Of course, you still need your parents, though they often make you impatient with their failure to recognize how much you have accomplished and what you can do. And then there are the other kids and hours and hours of playing to get in. Special friends, too. Adults keep telling you you have to do this and then that. If you can do it OK, school is not so bad, since it is the place where all the kids are, but the neighborhood is the real place where the fun is.

When you need help, or are sick or hungry adults are very important. Some of them know a lot which is useful at times. They also control the money, and money is a bike, a toy you can't live without, and stuff to eat. If the adults have learned how to let you live your own life, enjoy your independence, and are there when you need them you can make it.

Of course, if you are a different child, it is not all that simple. Maybe you can't get around on your own, or can't figure things out so well, or seem to get into a lot of trouble all the time. Somehow you are not like other kids and lots of times they don't include you. Many adults don't seem to want to help you or they help you too much! It seems like you are always trying but you never catch up.

BASIC SUPPORT NEEDS FOR AFFECTIVE GROWTH

In comparison with the preschool and teen years, affective development in middle childhood has received minimal attention in the educational and psychological literature. This probably reflects the persis-

tence of a notion of the "latency period," implying that this is a quiet time of growth!

It is easy to forget how much affective development is going on at this age and how many attitudes are being set. Ideas about sex, about what is right and wrong to do, and how to treat others are being consolidated. The differences between a first grader and those ready for the seventh grade are impressive in these matters.

Even more crucial is the growth of the self at this juncture in life. While there is no period when the self concept is not evolving, what happens at this period will be a harbinger for adolescence if not all of life. One's image of oneself includes the ability to cope with life, sexual identity, and personal attributes. Crucial to all of these matters is the level of self esteem one acquires, the balance wheel that prevents every minor defeat from becoming a tragedy. As the child meets the expectations of home, school, and the neighborhood, the results of these encounters are fed back into the self system.

Of course, there is no average, typical preadolescent. As we characterize them "on the average," teachers know how unique they are, how much each has his or her own style. Individual differences in rate of growth and patterns should be foremost in the minds of teachers. There is no average. However, they differ more in style than substance, for the tasks they have and the needs they have reflect common developmental processes.

The developmental tasks of the elementary school age years reflect both the needs of the individual and society. Successful completion of these tasks is a slow process but does lead to happiness and increases the potential for future success with subsequent tasks. Failure with basic developmental tasks leads to personal dissatisfaction, unhappiness, disapproval by society, and the increased likelihood of failure with other tasks (Havighurst, 1974). A clear example of this is failure in basic academic skills. Deficits that are not remediated multiply at an accelerating rate. The same is true of affective learning. Some special children have not made normal progress in social skills. An example is the role taking skill. Since role taking is prerequisite for the development of such prosocial behaviors as empathy and social perspective taking, children become stuck in an egocentric stage of development that precludes effective communication with peers. Consequently, dependency on adults is extended and opportunities for the social experiences necessary to build friendships are negated. Without careful intervention, such children are caught in a perpetual cycle of failure and despair.

Academic achievement and mastery of skills do characterize development in the elementary years, but social, emotional, and sexual growth develop concomitantly. Children feel pride in personal accomplishments and disappointment and frustration with failure. They experience the simultaneous thrill and awesome responsibility of independence. Mastery of complex social codes of behavior moderates

their interactions with the opposite sex and discovering best, same sex friends results in intense complicated feelings of love and loyalty.

Success in the middle childhood years is enhanced by feelings of self competence, approval of adults, and, most importantly, the respect and admiration of peers. Thus, development of a sense of industry in conflict with feelings of inferiority (Erickson, 1963) provides more realistic clues to the often ignored affective component of development in middle childhood.

The affective growth of special preadolescent children must not be left to chance. Just as academic learning is scrutinized for deficits and acceleration, so must affective maturation be explored. Once equipped with information regarding normal affective development, the special educator can formulate the goals and objectives necessary for planning programs to enhance the emotional and social growth of exceptional children during this critical developmental phase.

As a curriculum area, affective education is designed to facilitate positive self awareness and interpersonal social skills, but for special children it must be much more. To illustrate, during middle childhood children's desires to be like peers intensify, yet the differences that set special children apart become more salient. Social comparison increases as a major mechanism in the evolution of self concept. Children are looking to their agemates to determine their attractiveness, intelligence, physical prowess, and sociability as compared to others. When children find themselves fitting in with friends and feeling accepted by peers, self esteem is enhanced. However, social comparison contributes to low self esteem if children continuously discover they do not measure up to their peers.

Exceptional children usually have fragmented education experiences. They are retained, placed in special classes, sent to special schools, and now mainstreamed. Sometimes, instead of serving as consistent models for identification or sources of support, teachers become instrumental in moving children on and out. The normal preadolescent peer group does not offer a haven from the adult world or serve as a source of opportunities for emotional growth and interpersonal relating. On the contrary, exclusion of exceptional children is the rule. Even in segregated special classes or special schools, a hierarchy develops and children with severe handicaps or those lacking social skills are rejected by their peers. How then does affective development proceed? Will mainstreaming and eliminating labels remove the exceptional child's pain and frustration? Obviously there is no simple solution. Clearly, it is the responsibility of the educator to attend realistically to the negative consequences of handicaps and simultaneously enhance positive aspects of affective growth whenever possible.

There are certain environmental support needs that the preadolescent youngster, regular or special, must have to mature during this

period. While they have been implied here, the following list puts them in bold relief.

1. Children need parents who care and support and at the same time enhance their independence. This will be continued by the presence of parent surrogate activity group leaders and teachers. These adults must be interested but not prying. They must be models for handling affective matters and for sex role behavior.
2. The preadolescent needs a larger world to respond to the growing intellectual power and feelings that emerge. Seeing things, going places, and being introduced to useful secondary sources in books, television, and other media feed the growing person. There is a vast curiosity to be satisfied.
3. There must be support for learning new motor and cognitive skills in a way that is suited to the capabilities of the youngster. Motor skills have a particular value and encouragement should be supplied.
4. Peer support must be provided for in the environment. This ranges from siblings to school and neighborhood peers. The group life must be available, flexible, and have a balance of positive over negative acceptance—though we know peer life at this age is often harsh.
5. The environment has to provide direct experiences of positive emotional life embodying long term sustaining values. The sensitivity of the persons and the media to profound and transitory emotional states provides the images the child needs to stimulate the imagination and consolidate an affective style of life.

AFFECTIVE TASKS OF THE ELEMENTARY SCHOOL PUPIL

We can and must ask, are these supports available to youngsters? To special youngsters? Is it the task of the affective educator of the school age child to provide compensatory experiences to those who lack these essentials? The youngster is then ready to use these resources, concomitant with the natural growth at this age, to meet the following specific tasks for this age:

1. Acquiring an increased sense of self and self esteem, through realistic, enjoyable, and successful use of the body and the mind.
2. Gaining and using more independent self direction without too much opposition from adults or too much anxiety.
3. Expanding socially to peer group membership, especially with members of one's own sex; one must find friends.
4. Developing a solid, relevant, and satisfying sex role.
5. Expanding one's concept of fair play, rules, and rights of both oneself and others. There is moral growth to accomplish. This is tied to development in logical thought.
6. Developing more self control to meet the expectations of your age.

7. Exploring new emotional feelings and attachments, including complex internal states (Selman, 1976; DuPont, 1978). Appreciation of art, music, sports, recreation, and nature also emerges. The task is to put this broad complex of affective matters to use and find patterns that are unique to the individual.

AFFECTIVE EDUCATIONAL PROCESSES FOR SPECIAL ELEMENTARY AGE CHILDREN

Although teachers realize that the exceptional children in their classrooms have complex affective needs, they encounter numerous obstacles in meeting them. At the onset, teachers find that defining children's social and emotional problems in specific terms is a skill that requires training and practice. Opportunities to develop expertise in this area have been and continue to be limited. Furthermore, current theories of affective/emotional development and their relationship to academic achievement are just beginning to be discussed in the literature (DuPont, 1978; Weiner, 1979). Relating these theories to the specific affective needs of exceptional children is a challenge.

After delineating objectives, teachers must determine the most appropriate strategy for educational intervention. Considering the children's needs, the teacher's access to financial resources, the time available to teachers for evaluating or creating curriculum materials, and the necessity of inservice training, the teacher may choose affective education strategies that range from a total program approach to the use of classroom processes that require little or no extra time or money. While programs designed to promote affective growth during the elementary school years have burgeoned in the last decade, few of these programs are structured with the particular needs of special children in mind. Consequently, special educators continue to find it necessary to adapt programs and techniques for their children. There is a positive benefit to this process, however; it gently reminds us that much of exceptional children's development is normal . . . particularly their feelings.

While attempting to implement affective educational programing, teachers frequently discover that many materials and classroom procedures dealing with the affective domain must be approved by the school system and/or citizen's committees. Values clarification techniques and curricula involving moral or sexual concerns are typical examples. Although systemwide regulations are designed to protect children, they may also serve to prohibit the special educator from tackling the unique affective problems of handicapped children. With administrative and parental support, however, program implementation can be expedited, but the process is often time consuming and requires the perseverance of a dedicated, caring teacher.

A final difficulty that deserves mention pertains to measurement and evaluation. Teachers are held accountable for the results of classroom procedures; yet, precise, reliable measures of social and

emotional growth have not been developed. Eliminating affective education is not a viable solution to this problem because the affective component of education will continue to be a subtle pervasive force in the classroom whether it is directly taught or not. By systematically planning for individual children and openly dealing with affective issues on an ongoing basis, teachers have more control over the lessons learned in the "hidden curriculum." Furthermore, it is unlikely that the full impact of an excellent affective education program can be precisely measured. Following a geometric progression, the benefits build on themselves and multiply from year to year.

The following sections focus on the affective needs of exceptional children. Programs and classroom processes that are particularly helpful in promoting affective growth will be indicated. It must be emphasized, however, that regardless of their lot in life, growing up is hard work for all children. The goal of affective education is not to produce an unrealistic blissful state of joy in youngsters but to facilitate their development as total human beings. To live fully, children with special needs must be capable of coping with frustration, making the best of adversity, seeing and choosing from a range of alternatives, and forming effective relations with others all in the process of becoming more and more instrumental in meeting their own needs. To be actively involved in their own destiny, exceptional children must come to know, understand, and accept themselves and others, express themselves, and form effective interpersonal relationships. Following Figure 1 (page 8), the programs are outlined around self concept, social competence, and emotional and aesthetic expression although the overlap of various processes is recognized.

Enhancing Self Concept

Three components of a positive self concept relevant to the developmental tasks of middle childhood include confidence in one's body, feelings of self competence, and sex role development. Exceptional children frequently experience difficulty in these areas. Thus, the following affective education programs are organized with these needs in mind.

Body Concepts

Basic feelings of self confidence are rooted in the expectation that one's body is a dependable, reliable representation of oneself. Often, children with handicaps do not develop self confidence as readily as nonhandicapped peers because enormous amounts of time and energy are spent compensating for these motor and sensory deficits characteristic of visual and auditory impairments, physical handicaps, and chronic disease. In some cases, disfigurement or deformity necessitates additional adjustment. During middle childhood, a premium is placed on absolute conformity, so children who look different are sub-

ject to diverse, often unpleasant, reactions by peers. The curiosity, ambivalence, and fears of others are expressed in staring, teasing, and avoidance behaviors, all of which have a major impact on the feelings exceptional children have about themselves.

Invisible handicaps such as specific learning disabilities, mental impairments, and behavioral disorders also contribute to body image disturbances. Elementary age children are just developing the capacity to think about concrete, observable problems, so it is not surprising that youngsters with emotional and learning disabilities have difficulty understanding and effectively compensating for their internal and abstract problems. Their confusion and anxiety increases as subtle messages from adults and peers imply that these children are to blame for their difficulties.

Negative body concepts must be confronted directly yet sensitively. By helping exceptional children understand what is right with their bodies, teachers reduce fear, minimize distortion, and help children place their handicaps in perspective. Like their nonhandicapped agemates, children with disabilities are fascinated with the human body and how it works (Macdonald, 1979). Middle childhood is an opportune time to take advantage of youngsters' intense interest in body functioning because prior to puberty, children are less self conscious. Anxiety over the physical changes that usher in adolescence are not yet evident.

Two multimedia program packages that aim to develop positive self concepts through knowledge of the body are *Me Now* (Hubbard Co. 1973) and *The Social Learning Curriculum: Level I* (Goldstein, 1974). Both programs are designed for special education populations, particularly those children with mild mental impairments and learning disabilities, although teachers of other types of exceptional children have used portions of both programs with success (Grant, 1975). Awareness and appreciation of body parts and functions is facilitated by both multimedia kits, but activities in *Me Now* are representative on a "hands on" science curriculum while *The Social Learning Curriculum* is similar to social studies and health programs. For example, *Me Now* includes a functioning torso of the human body that delights children who are interested in the internal body operations. In contrast, several lessons in *The Social Learning Curriculum* focus on proper health care and hygiene. *Me Now* includes human growth and reproduction, *The Social Learning Curriculum* does not.

Education for sexuality is directly related to affective education and provides a rich source of curriculum materials for self concept development in middle childhood. While it is essential that exceptional children receive basic reproductive information, effective programs include more than the "plumbing." Teachers who are interested in meeting self concept needs while attending to sexual development will find a variety of suggested activities, resources, and background information in *A Teacher's Guide to Sex Education for Persons with Learning Disabilities* (Kempton, 1975). This teacher's

guide discusses the qualities of the effective teacher and techniques of instruction such as role playing, use of visual aids, and true to life situations. In addition, the teacher is assisted in understanding the level of information necessary for children with various degrees of mental impairment. Other special education resources aimed at enhancing self concept and sexual development in children with special needs include:

1. *Personal Growth and Human Relations: A Curriculum Guide for Persons with Developmental Disabilities* (Lipke & Vader, 1974)
2. *Concepts of Sexual Development for the Developmentally Disabled* (Fischer, Krajicek, & Borthick, 1974)
3. *Social and Sexual Development—A Guide for Teachers of the Handicapped* (Iowa State Department of Education, 1971)
4. *Teaching Good Conduct and Personal Hygiene* (Harris County Association for the Retarded, 1969)
5. *Puberty in the Girl Who is Retarded* (Pattula, 1969)
6. *Siecus Report* (Special issue on hearing impaired, 1969)

Concepts of sexual self development are abstract and difficult to understand. The two unique teaching aids described below are particularly helpful in teaching children with special needs.

1. *Visual Aid Mannequins* (Effie Dolls). These attractive cloth dolls are 18 inches in height, available in Caucasion or Black. Both dolls are complete with genitals. The female is pregnant; the birth process can be shown. The doll includes a baby with umbilical cord and placental attachment. In addition, a sanitary belt and napkin is included. (Order from Mrs. Judith Franing, 4812 - 48th Avenue, Moline, Illinois 61265).
2. *Your Changing Body—A Guided Exploration.* This tape is for blind children to use in private. Directions effectively teach them about the body while encouraging self exploration. (Order from Institute for the Development of Creative Child Care, 927 Bemis Southeast, Grand Rapids, Michigan 49506).

Feelings of Competence

During middle childhood, children continuously strive to improve the motor and cognitive skills they learned in early childhood and to develop new, related skills. Typically, "lessons" such as painting, drama, photography, swimming, and dancing characterize this age. At the "Y" and recreation centers children seek opportunities to practice skills in groups composed of peers with comparable abilities. In this way, children achieve greater control over their environment and begin to develop a stable sense of competence.

Children with disabilities are also adding and refining skills, but their progress is slower than the norm. Generally, the tedious tasks special children diligently work to master are those that their peers perform with little or no obvious effort—at least not obvious to the exceptional child! The skill developing lessons so prevalent in the lives of normal agemates are not readily available to exceptional children, thus limiting their opportunities to develop feelings of competence with peers on similar ability levels.

Despite the discrepancies between the skills of normal children and the limitations of handicapped children, exceptional children do not automatically develop feelings of inferiority. Affective components of constructs such as self concept, motivation, and attribution for success and failure are believed to be the more critical determinants of children's performance and concomitant feelings. Furthermore, social comparison standards of success are becoming increasingly salient to children just as conceptions of competence are beginning to stabilize. Since social comparison feedback contributes significantly to the conclusions children draw regarding their competence, the context in which children learn about their abilities and limitations is significant. (For an extensive review of research related to achievement motivation, attribution theory, and exceptional children, see Ruble & Boggiano, 1978.)

Teachers can enhance the development of positive self concepts and minimize feelings of inferiority in exceptional children by structuring classroom activities with the following thoughts in mind:

1. It is important to provide children with learning experiences that allow for personal control over the outcome of activities.
2. Teachers should provide children with tasks that are challenging yet take into account children's perceptions of their competence and insure opportunities for them to try again.
3. By making tasks relevant to children's interests and goals, teachers provide children with incentives to persist in their efforts. (Ruble & Boggiano, 1978)

Research data indicate that children's feelings of self competence are enhanced when they link success to internal, stable attributes like ability and failure to internal but controllable attributes such as effort (Weiner, 1974). Teachers do children a disservice if they *always* guarantee success for them regardless of the effort they put forth because their children do not develop a sense of personal control. The study of attribution theory promises to provide relevant information for educators concerned with self concept development in special children. For example, studies indicate that some exceptional children are more likely than normal agemates to blame themselves for failures. This tendency increases throughout middle childhood (Lynch & Arndt, 1976; Chan & Keogh, 1974).

Camping, outdoor, and environmental education programs provide excellent opportunities for affective education processes that contribute to children's self confidence, competence, and self esteem (Katz & Bushnell, 1979; Shea, 1977). For example, Camp Holiday Trails in Charlottesville, Virginia, offers unique opportunities for health impaired children to experience the thrill of success in challenging childhood activities such as games, swimming, boating, and hiking. The Fresh Air Camp, a program for emotionally impaired and learning disabled children, and Camp Gateway, for children with physical handicaps, are both located in southeastern Michigan. They, too, offer a full range of adapted activities that enable children to expand their skills in outdoor activities. Gradually, even the need for public recreational programs for exceptional children is being recognized. In some metropolitan areas, public recreation departments are making low cost, adapted recreation programs available to exceptional children at minimal cost. A word of caution is necessary, however. After reviewing the literature on therapeutic camping for disturbed children, Byers (1979) found that the actual content of camping programs has not been documented and that short and long term goals of camping experiences have not been adequately evaluated. Without further research we will not know if the programs are effective nor how they produce changes in children's self esteem.

Curriculum programs that meet children's affective needs for self competence and simultaneously increase their basic skills include *I CAN* (Hubbard Co., 1976) and *SAVI—Science Activities for the Visually Handicapped* (Laurence Hall of Science, 1978). The *I CAN* curriculum is designed for children, 3 to 18 years of age, who are mildly and moderately mentally impaired. The project, funded by the Bureau of Education of the Handicapped, produced a total individualized physical education instructional system that emphasizes and builds upon the abilities of special children. The four units in the kit are Fundamental Skills, Body Management, Health/Fitness, and Aquatics. Materials for each unit consist of skill books, student and class performance score sheets, and game cards.

The SAVI program consists of personalized science activities for blind and visually impaired children from 9 to 12 years of age. These activities provide children with concrete experiences. Real objects are used to improve logical thinking, to enhance manipulative skills, and to develop daily living skills. SAVI was not intended to be an affective education program yet the affective benefits are enormous because in each activity the child is in charge of discovery. An additional advantage to this program is that its usefulness is not limited to visually impaired or other exceptional children. When the program is introduced into regular classrooms with mainstreamed children, all youngsters can participate and receive full benefit.

Responsible decision making is an important aspect of feelings of self confidence and competence. Teachers who take advantage of all

possible opportunities to give children practice in making legitimate and significant decisions are providing for affective education. Furthermore, teachers can enhance children's awareness of the unconscious decisions they, like all youngsters, make on a daily basis and then explore how those decisions affect their lives. (For example, children decide to try a task or not, to express feelings openly or not, to ignore other's behavior or not, etc.) One program directed at promoting decision making skills is *Learning to Decide* (Ojemann & Campbell, n.d.). This sequentially structured program is designed for fourth through sixth graders in regular classes, so reading and writing skills are necessary to complete some student assignments. Many activities are adaptable, however, and serve as a resource to the innovative special educator. They include problem centered narratives, small and large group discussions, role playing, charades, responding to music, and setting goals. Additional practical and theoretical assistance is provided for teachers interested in promoting responsible decision making and problem solving skills in the classroom. *The Problem Solving Approach to Adjustment* (Spivack, Platt, & Shure, 1976) describes methods such as brainstorming, role playing, and generating alternative solutions as particularly helpful approaches.

The Classroom Meeting mode of affective education is designed to help children develop feelings of self worth and establish a success identity. Within a nonjudgmental group situation, children experience autonomy and self determination by making decisions and accepting personal responsibility for those decisions. Furthermore, feelings of self competence and self esteem are thought to increase when children take responsibility for themselves in a success oriented environment. The philosophy and techniques of the classroom meeting are described in detail in *Schools Without Failure* (Glasser, 1969).

Most commercial affective education programs are too sophisticated for multiply or severely impaired children with no language or limited language skills. Establishing a positive self concept in these children is intricately related to their language development. Walsh (1974) described a language development curriculum for multiply impaired children in which the major goal is to establish or increase self identification. To meet this challenge, every activity emphasizes children's individuality as people of importance. Initially, to establish self identification, children are assigned their own color. All materials belonging to the children are color cued in an obvious fashion. For example, a circle of their color is pinned to each child, taped to his or her chair, and is used to identify the children's names. The color cues, which even children with minimal vision can see, promote self identification and positive self concepts through classroom activities involving name recognition, number concepts, fine and gross motor skills, visual skills, and reading readiness. In this program, the children learn to recognize and say their names. They also learn to like themselves because their colors and names bring them success, recognition, learning, and fun.

Sex role development is an important component of self concept. Through the middle childhood years, children repeatedly select, express, and evaluate appropriate sex roles—testing out their performance as boys and girls in the safety of same sex peer groups.

On the playground, boys organize team sports whereas girls jump rope, play jacks, and use the playground equipment. Despite the similar heights and weights of boys and girls at this age, sports and other competitive games that require high levels of energy expenditure consistently fall into the male domain. Boys find friends in gangs or groups; girls form close intimate relationships with one or two other girls. For both boys and girls, every effort is made to be just like one's same sex peers. Even when male and female interests are similar, as in reading adventuresome mystery stories, choices are dominated by the need for same sex heroines and heroes.

At about 10 to 12 years of age, heterosexual romantic interests surface in both sexes although girls admit to greater interest than boys. It is not unusual for preadolescents to acknowledge "girlfriends" and "boyfriends," say they have been in love, play kissing games, and claim that they want to marry someday (Broderick, 1966). Finding the opportunity, some children normally engage in experimental sex play with the same sex agemates. Although erotic in nature, the primary purpose of this behavior is for children to understand more about their bodies as male or female. Regardless of the sex of their partner, children are learning about their sex roles.

Investigators have only recently explored the differential socialization of boys and girls in regular classrooms. For example, Blumenfeld, Hamilton, Wessels, and Falkner (1977) illustrated that, at least in first grade, boys receive the majority of teacher attention both positive and negative. Dweck, Davidson, Nelson, and Enna (1978) demonstrated that, overall, when positive feedback is directed at boys, it rewards the intellectual content of their work. Negative feedback is more frequently directed at boys, but it concerns the form (neatness, etc.) of their work. The reverse is true for girls. Positive feedback refers to form and negative or critical comments are directed at content. Keeping this information in mind, it is clear that subtle unconscious teacher practices in the classroom can profoundly affect children's feelings about themselves as females and males.

Little is known about the special difficulties exceptional children experience in developing satisfying sex roles. Like their normal peers, however, gender has a profound impact on their educational opportunities. Knowledge of children's sex results in arbitrary practice, discriminatory judgments, and intervention decisions that restrict personal and vocational development and violate federal legislation. Biases in special education curricula reinforce stereotyped roles and vocational training practices encourage selection of traditional roles (Gillespie & Fink, 1974). In addition, classes for disturbed and learning

disabled children at the elementary level are predominantly male and reading disorders are also more common among boys. Girls, on the other hand, tend to experience major stresses and a decline in academic achievement during adolescence (Gove & Herb, 1974). Special educators have a responsibility to pay serious attention to these factors because children's feelings about themselves as females and males are an integral aspect of self concept.

Middle childhood is an excellent time to teach youngsters about sex role stereotyping. The cognitive maturity of average children now allows them to understand that experimentation with a variety of cross sex role behaviors does not change their internal, stable gender identity, but growing awareness of social convention prohibits the actual practice of cross sex behaviors in most children (Parsons & Bryan, 1979). Teachers can effectively minimize the cognitive and emotional aspects of stereotyping at this age through several classroom processes.

1. Teach children about the functions and limitations of stereotyping.
2. Introduce children to models who have not conformed to traditional roles. Examples include a female doctor and a male telephone operator.
3. In informal discussions and classroom assignments, provide children with discrepant information that stimulates their thinking. For example, assign a class report on women leaders.
4. Model androgenous coding of child and adult behaviors and feelings. In other words, help children understand that being gentle is a human characteristic, not one belonging to females or males alone.
5. Support a strong sense of female or male gender identity while allowing and even encouraging expressions of interest and involvement in activities traditionally sex typed for the opposite sex.

Awareness is the primary goal for children during the elementary years. Teachers need not be discouraged if children's sex typed behavior persists because social convention and conformity are powerful forces at this time.

Two affective education programs that focus on sex role development during middle childhood are *Free To Be You and Me* (McGraw Hill, 1974.) and *Freestyle* (Agency for Instructional Television, 1978). *Free to Be You and Me* is a multimedia kit consisting of stories and songs that stress the importance of individual differences through such themes as cooperation, friendship, independence, and experiences. *Freestyle* is a new series of television programs aimed at reducing sex role stereotyping. Vignettes provide children with information that stimulates their thinking and feelings about individual differences and the limitations inherent in traditional sex roles. Classroom discussions and activities following the programs encourage active involvement with the material. Extensive research guided the creation of these thought provoking programs and field

testing is being conducted across the United States. The same principles of interpersonal relating suggested in the *Freestyle* series are also applicable to the process of stereotyping along racial and disability dimensions. Astute teachers will make use of the relationships and help children generalize their thoughts to all areas of social interaction.

Finally, a unique affective education program for school age children is described in *Their Universe* (Uslander, Weiss, Telman, & Wernick, 1973). This program discusses the Study of People and ties sexuality and sex role development together. Instead of being adult directed it follows the cues of the children themselves and allows their developmental interests to guide the evolution of the program.

Enhancing Social Competency

Pervasive social attitudes have traditionally limited the schools' stated function to teaching academic skills such as reading, writing, and arithmetic. However, a recent review of research suggests that there is a need for direct teaching of social skills within the classroom. This is justified on the basis that once social adjustment is adequate, academic skills improve substantially (Cartledge & Milburn, 1978).

The development of social skills is an integral aspect of children's self concepts and emotional growth, yet it is infinitely more complex. In the classroom, covert socialization processes continuously influence children. Often referred to as the "hidden curriculum," these processes are not well understood by educators. We can only speculate about the confusion such things as nonverbal communication produce in exceptional children. To insure the maximal social growth of children in mainstreamed and special education settings, it is necessary to formulate goals and objectives and sometimes implement individual socialization programs. Many teachers realize the importance of this task, but they are bewildered by the complexity of actually teaching social skills.

During the elementary school years, children experience a marked increase in contact with a social world away from home. This exposure to and interaction with the expanding world of adults and peers partially determines the course of three components of social development: self control, moral development, and peer relations. Classroom processes and programs have been created to stimulate growth in each area. They are described in this section along with relevant research.

Self Control

Most school systems are concerned with the causes of and solutions to student misbehavior. As a result, developing self control, defined as the "capacity to flexibly and realistically direct and regulate personal action or behavior in a given situation" (Fagen, Long, & Stevens, 1975), has become a national educational issue. While problems with self

control are not unique to exceptional children, frequently they contribute to the affective difficulties special children experience as they grow up. Furthermore, it must be remembered that many children with special needs suffer from an excess of self control. Powerful socialization processes teach children with handicaps to keep their place, to bottle up their feelings, and to limit their self expression.

The process and acquisition of self control is a complicated component of socialization. To remediate deficits in this area, field researchers have studied a number of training methods designed to enhance behavioral self control in children. Polsgrove's (1977, 1979) review of these techniques is an excellent source of information for the classroom teacher. His descriptions of research on self management methods include: self monitoring, contingency contracting, self evaluation, and self reinforcement. The cognitive methods include self instruction and problem solving. Modeling and behavioral reversal are also reviewed.

Numerous practical suggestions for fostering self control in exceptional children are available. Schnieder (1974) described a modeling technique. In this procedure, children with behavior problems are taught to imitate a fictional turtle who draws his head in his shell to control anger. *Think Aloud* is another variation of a self control program for youngsters. To control inappropriate behavior and promote prosocial behavior, children engage in daily, individual 30 minute sessions using modeling techniques and verbalizations of cognitive activity (Camp, 1977). For children with mental impairments, Wehman (1975) had successfully used role playing, modeling, and social reinforcement to increase self control.

Teaching Children Self Control (Fagen, Long, & Stevens, 1975) offers a curricula approach to the development of self control in elementary age children. The aim of the text is to prevent social and emotional problems while teaching children behavioral control skills. Eight skill clusters make up the curriculum. Four rely heavily on cognitive development and four focus on affective or emotional development. The eight clusters are summarized as follows

1. Selection—Ability to perceive information accurately.
2. Storage—Ability to retain information received.
3. Sequencing and Ordering—Ability to organize actions on the basis of a planned order.
4. Anticipating Consequences—Ability to relate actions to expected outcomes.
5. Appreciating Feelings—Ability to identify and constructively use affective experiences.
6. Managing Frustration—Ability to cope with external obstacles that produce stress.
7. Inhibition and Delay—Ability to postpone or restrain action tendencies.

8. Relaxation—Ability to reduce internal tension. (Fagen & Long, 1979, p. 70).

For a review of the self control concept, critiques of the Fagen-Long curriculum, and representative research efforts in the area of self control, readers are directed to a special issue of *Journal for the Council on Children with Behavioral Disorders* (1977).

Dealing with Causes of Behavior (Education Research Council, 1972) offers another approach to promoting self control in children. This curriculum is divided into two parts, K-3 and 4-5. Teachers' guides and student workbooks structure the program, although extensive use is made of classroom activities that may be readily adapted to the needs of exceptional children. Using a "causal" approach, this program emphasizes looking at the reasons for behavior, recognizes the importance of the individual, and considers the consequences of the behavior.

Moral Development

During middle childhood, the structure of children's thinking changes. In the evolution of conscience, cognitive operations begin to allow for the internalization of moral standards. Younger children have been practicing a morality based on constraint. In their view, rules are imposed from external sources and they are absolute. Breaking rules is wrong; conforming to them is right. As children become less egocentric, role taking skills and a more mature morality of cooperation develop. In an attempt to satisfy human needs, rules are now formed through social consensus. Mutual regulation and guidance have become the purpose of rules and this makes it possible for children to understand and accept modification of guidelines to fit circumstances (Piaget, 1948).

Examples of children's reasoning about rules are apparent during recess. In about the third grade children spend more time arguing about rules than playing games. By the sixth grade, however, the majority of children's free time is actually spent playing games because the functional use of rules in alleviating disputes has been internalized. Now that the group can formulate rules, they can change them to accommodate fluctuating needs and circumstances such as limited time, reduced number of players, or inclusion of a handicapped youngster.

The development of good citizens who make sound moral judgments concerning the rights and welfare of others is a highly valued goal of affective education. Achievement of this goal depends in part on cognitive development and stimulating social interaction. Consequently, exceptional children, limited by uneven or delayed cognitive development and marginal social interaction, are apt to function at a lower level than their normal progress peers.

Research on moral development in exceptional children supports this view. Taylor and Achenbach (1975) examined both normal and

mentally impaired students to determine their levels of moral and cognitive development. The data indicate that moral development is more strongly related to mental age than any other cognitive operation and higher chronological age does not result in higher levels of moral reasoning in mentally impaired students. Campagna and Harter (1975) tested normal and sociopathic children for intelligence and level of moral reasoning. When matched for mental age and IQ, normal children achieved higher levels of moral reasoning. This data supports the hypothesis that sociopathy is related to an arrest in moral development. The authors suggested that limited opportunities for role taking and identification are possible causative factors in delayed moral growth.

Two popular approaches to values or moral education include values clarification, originally espoused by Raths, Harim, and Simon (1966), and moral development, which is based on the work of Kohlberg (Kohlberg &Turiel, 1971). The values clarification approach offers teachers many structured classroom activities designed to help children determine their own unique value system. Subsequently, "clarified values" are thought to serve as clear internal behavioral guidelines for children. The moral development approach differs from values clarification in that it is based on a specific goal—the simulation of moral reasoning. Unlike values curricula, however, there are few specific classroom procedures designed to promote the sequences of moral growth suggested by Kohlberg's theory (Lockwood, 1978). Since an adequate review of values and moral development theory and research is beyond the scope of this section, the reader is referred to *The Effects of Values Clarification and Moral Development Curricula on School Age Subjects: A Critical Review of Recent Research* (Lockwood, 1978) for additional information.

No specific curricula have been produced to promote moral development in exceptional youth. However, *Values Clarification Strategies for Exceptional Children* (Simon & O'Rourke, 1977) is a rich source of values activities designed to foster personal growth in children with special needs. Included are strategies that deal with authenticity and self disclosure, love, values, feelings and emotions; and touching. Catchy titles are given to each activity making them attractive to elementary age youngsters. Examples are: "Show and Tell," "Peak Experiences," "Good News Letter," "Future Worlds," "Becoming Aware of Love," and "A Man Named Zorba."

Two series of sound filmstrips for children and two inservice training packages for teachers based on moral development theory are available. *First Things: Values* (Kohlberg & Selman, 1976) presents a series of filmstrips each containing two or more dilemmas or ethical conflicts for children in second through fifth grade to consider. The purpose of the filmstrips is to stimulate thinking about such basic concepts as truth, promises, fairness, rules, and property rights. Maximum involvement in the process of moral problem solving is en-

couraged because these filmstrips directly relate to children's lives and portray the conflicts they experience on a daily basis.

The second series, also designed for second through fifth grade, *First Things: Social Development* (Kohlberg & Selman, 1976), is based on research indicating that the ability to understand other people's perspectives is a major determinant of social development. Like moral development, growth in perspective taking ability proceeds through logical sequential levels and is stimulated by social interaction and exposure to reasoning one step above the current level of the group. Discussions based on the stories in the filmstrips are structured to help children examine the viewpoints of two characters, debate solutions to social problems, justify their choices, consider the reasoning of others, reinforce their current skills in perspective taking, and explore and master higher levels of ethical thought.

Other sources of values clarification activities that may be adapted for children with special needs include:

1. *Values and Commitments* (Educational Research Council, n.d.) is a structured sequential program for grades K through 5 that is designed to stir up children's imaginations and enhance their understanding, enjoyment, and acceptance of those values that humans must live by in a truly civilized, humane society.
2. *Value Bingo* and *Helping Hands* (Pennant Educational Materials, n.d.) are two games for individuals in grade 4 through Adulthood. Through active involvement with others, children explore their values.
3. *Values in Action* (Winston Press, n.d.) is a multimedia kit for role playing and discussion of popular social dilemmas for children in grades 4 through 9.

Both values education and moral development programs are based on rather sophisticated discussion skills. Teachers of special needs children may find that materials designed for middle childhood are too advanced for their children. Careful review of all materials is advised.

Peer Relations

DuPont (1978) described 7 to 12 years of age as the interpersonal stage of affective development. This period coincides with Piaget's stage of concrete operations (Piaget & Inhelder, 1969) and occurs when children gradually move from the heteronomous stage, where children's affect is primarily invested in adults, to this new stage where affect focuses on peer relationships. A number of factors are believed to influence this shift. Briefly described, they give clues to the special educator who is trying to assess the affective development of exceptional children.

1. *Social Status.* Due to physical growth, mastery of language, physical mobility, and accommodation to rules, children require less and

less parental supervision. Consequently, left more to themselves, children have the opportunity to acquire social skills.

2. *School.* While children in our society are forced to be dependent on adult regulation for a major portion of the day, school institutionalizes a peer subculture where children learn interpersonal behaviors.
3. *Resolution of Oedipal Conflicts.* According to personality theorists (Erikson, 1963), the resolution of Opedipal conflicts allows children to make emotional investments in a relatively sex neutral peer group.
4. *Cognitive Development.* Concrete operations, decreasing egocentricity, role taking skills, and the ability to accommodate the needs of others lays the foundation for the mutual respect necessary to develop friendships.
5. *Moral Development.* Kohlberg (1969) indicated that reciprocity and sharing are evident during the preconventional stage. They are pragmatic behaviors, however. That is they are used to meet personal needs.
6. *Ego Development.* Lovinger (1976) suggested that in late middle childhood the conformist stage of ego development occurs. At this time, genuine interpersonal reciprocity and mutual respect are evident in peer relations, but they exist primarily within the confines of a small group. Now, a sense of status and favor within the group are important feelings for children.

Dupont (1978) stressed the slow evolution of these processes and made it clear that, while they contribute to the interpersonal stage of affective development, it is not known if they occur simultaneously or if some or one of the processes are more important than others.

In the elementary school years, when children make this gradual transition from reliance on parents to investment in peers for companionship, it is through relationships with other children that reciprocity and the meaning of friendship evolve. Peer groups serve a number of additional functions for children, including: emotional security, norm setting, instruction in cognitive, social, and motor skills, and play, with opportunities for fantasy, shared deviancy, organized games, and social comparison. Finally, positive peer relationships are believed to contribute to general life adjustment in the present and the future (Asher, 1978).

Some children do not experience the joys and frustrations of friendships or the sense of belonging to a group. In an attempt to understand the reasons for their social isolation, investigators have identified a number of variables related to peer acceptance and rejection. For example, personal characteristics such as names, physical attractiveness, and race influence children's choice of playmates. In addition, school and classroom situational factors such as population mobility, opportunities for participation, reward structure for social interaction, opportunities for academic success, and the activity structure of the

classroom all influence children's peer relations (Asher, Oden, & Gottman, 1977). The presence of handicaps and disabilities is related to a number of these factors and, in part, determines the course of children's social relationships.

Correlational studies illustrate a positive relationship between peer acceptance, emotional adjustment, and academic achievement (Schmuck & Schmuck, 1975), but the direction of the relationships between the three is not clearly understood. In reviewing the literature, Hartup (1970) substantiated the power of peer interactions in mediating the behavior of school age children. For children with handicaps the evidence is clear, they often encounter peer rejection when interacting with others. These negative experiences have a significant impact on their development.

The remainder of this section reviews research findings on peer relations in children with emotional, mental, and physical disabilities and a sample of the resources available to the teacher interested in enhancing the social skills of children with special needs.

Children with physical disabilities are less well accepted by their peers than nonhandicapped children. Richardson (1969) found that nonhandicapped individuals feel ambivalent toward the disabled and thus keep their interactions formal, inhibited, and controlled. Consequently, in addition to having little opportunity for social interaction, the quality of interaction is substantially less helpful in teaching adequate social skills (Bryan & Bryan, 1979). It is proposed that rejection of the disabled is a result of the value society places on beauty (Wright, 1960) or the process of labeling exceptional children (MacMillan, 1977). However, Thurman and Lewis (1979) suggested that this prejudicial behavior is based in early perceptual cognitive processes or tendencies to respond negatively to certain differences.

The power of perceived differences as determinants of interpersonal attraction was demonstrated in a study by Richardson, Goodman, Hastorf, and Dornbush (1961). They discovered that 10 and 11 year old children ranked figures of the physically disabled children lower than able bodied children in desirability. Despite differences in the social class and ethnic background of the children doing the ranking, the same order occurred in each sample. Beginning with most liked to least liked they listed a normal child, a child with crutches and a brace, a child in a wheelchair, a child with a left hand missing, a child with a facial disfigurement, and an obese child.

Children with hearing impairments are not well liked by their hearing peers and familiarity does not change the deaf child's social status (Elser, 1959). Deaf children experience social isolation and find it difficult to form interpersonal relationships (Meadow, 1975). Besides the obvious limitations in verbal communication, parental practices may limit social development. Studies indicate that parents of deaf children are frequently controlling and overprotective. Viewing their children as fragile, they are unsure as to how independent their children can or should be (Bryan & Bryan, 1979).

For the most part normal children do not want children with mental impairments for their friends. Regardless of assessment procedures, retarded children are always found to be more rejected than their non-handicapped peers (Gottlieb & Budoff, 1973; Gottlieb & Davis, 1973). This fact does not appear to change with class placement. Whether mainstreamed or in a special class, mentally impaired youngsters are likely to be socially rejected (Gottlieb & Davis, 1973; Goodman, Gottlieb, & Harrison, 1972). However, class placement does appear to affect behavior. Mainstreamed children with mental impairments have demonstrated gains in social competence (Gottlieb, Gampel, & Budoff, 1973).

Social incompetence is thought to be the primary reason for peer rejection of mentally impaired children. The verbal aggression characteristic of some mentally impaired youngsters is suggested as one specific cause (Gottlieb & Budoff, 1973). Another related factor involves limited role taking ability. Inappropriate social behavior is often the result of an inability to view another's perspective (Wilson, 1970). The development of role taking skills is fertile ground for research in the social development of all handicapped children. (For further information see Kitano, Steihl, & Cole, 1978.)

The social status and peer popularity of learning disabled children have received increased attention in recent years. Virtually all studies indicate that children with learning disabilities are seen as deficient in social skills by parents (Strag, 1972), teachers (Keogh, Tchir, & Windegerth-Behn, 1974) and peers (Bryan 1974). Bryan (1976), replicating an earlier study, found that rejection by peers remains consistent at least over a 2 year period. Considering these data, it appears that learning disabled children are likely to experience rejection by virtually all significant individuals in their environment, yet, like children with other disabilities, little is now known about the specific bases for this rejection.

Bryan (1977) found that children with learning disabilities experience difficulty discriminating the affective states of others and this inability to read nonverbal social communications persists into adolescence (Wiig & Harris, 1974). The extent to which an inability to read subtle social cues affects learning disabled children's peer relationships is unknown, but it does provide clues for remediation efforts. Bryan and Bryan (1979) suggested that the social life of learning disabled children differs markedly from that of their peers. Analyses of classroom interactions show that these children are more often ignored when making a social overture, make and receive more hostile statements, are less likely to be involved with teachers on non-academic matters, and are criticized more frequently than their normal progress peers.

Myths regarding the social adjustment and peer relationships of gifted children predominate American thinking. Contrary to popular beliefs, intellectually talented youngsters are socially and emotionally well adjusted (Gallagher, 1975), and this positive social status con-

tinues through the life span (Bryan & Bryan, 1979). In addition, children who are in accelerated academic programs do not manifest problems in social relationships with their older peers. On the contrary, Justman (1953) found they were less frequently rejected than comparable IQ classmates who remained with their age group. Some indications for caution are in order for the gifted, however; Payne (1974) suggested that there may be a curvilinear relationship between giftedness and peer popularity. Acceptance by peers is enhanced by intelligence up to a point; markedly superior abilities may lead to social isolation. Furthermore, teachers of gifted children are wise to provide stimulation for affective growth in bright children—so often they are only rewarded for their academic efforts.

There are particular problems in affective growth with gifted children. In a review of discipline and related matters, Isaacs (1973) indicated that teachers and parents dealing with gifted children need special awareness. She emphasized their need for play and the value of self insight as the key to good mental health. It is important to recognize that giftedness is not necessarily a key to high self esteem: in fact it may be the reverse (Klein & Cantor, 1976).

The disordered behavior of emotionally impaired children clusters around two primary dimensions: aggressive acting out and immature withdrawal (Kauffman, 1977). Their concomitant, problematic social relationships have perplexed educators and mental health professionals for years. Focusing on correlational studies, research on peer relationships has tended to link traits with peer acceptance and peer rejection although they are not necessarily on the same continuum. Characteristics such as excessive anxiety and immature, unprovoked and indirect aggression are suggested determinants of peer rejection (Hartup, 1970). In addition, egocentrism (Chandler, 1973), deficient role taking skills (Chandler, 1973; Neale, 1966), and inadequate referential communication skills (Chandler, Greenspan, & Barenboim, 1974) interfere with the development of social relationships in disturbed children.

Satisfying peer relations are important determinants of growth for all exceptional children. In light of evidence documenting difficulties between children with special needs and their normal progress peers and the onset of the mainstreaming movement, further research is necessary to provide understanding of all children's affective needs.

The goal of most affective education programs is to enhance children's peer relationships. Objectives stress the importance of understanding others, accepting differences, sharing feelings, working together, and making friends. More specifically, research indicates the following factors influence peer acceptance. First, since acceptance and rejection are contingent upon behaviors that vary from group to group, children must learn the types of responses that are reinforcing to their peers and then respond positively to them. Next, children need to practice accurate communication skills in their interpersonal relationships. For many exceptional children, the fine distinctions re-

quired in effective communication are difficult to master and deficiencies may result in their isolation from peers. A third variable involves being an expert or doing something well. The social status of isolated children increases if a special talent or skill is made visible to the class (Asher, Oden, & Gottman, 1977). For example, in children with learning disabilities, athletic ability is demonstrated to be highly correlated with being liked by peers (Sipersetin, Bopp, & Bak, 1978). Finally, children must know how to go about making a friend. For those deficient in friendship making skills, direct teaching of helpful techniques can be implemented in their educational programs (Asher, Oden,& Gottman, 1977).

Shaping, modeling, and coaching are three processes used to develop or change the social behaviors of children with special needs (Asher, Oden, & Gottman, 1977). Shaping gradually changes behavior through the use of positive reinforcement. At first, behavior that only approximates the desired outcome is reinforced. Gradually, closer and closer approximations are reinforced until the child is performing the new behavior. The generalization and maintenance of new behaviors are recurrent problems with this technique. In addition, while shaping is useful in encouraging isolated children to approach others, direct techniques like modeling and coaching are more effective in teaching complex social skills.

The process of watching or observing others is a rich source of social information. Based on this assumption, a variety of observation methods have been designed to improve children's social skills through modeling. For example, television programing is a useful tool in teaching social skills to institutionalized mentally impaired children (Baran, 1973). In another residential setting, Turner and Balow (1972) used a film of cooperative behavior to produce positive changes in a group of children identified as emotionally disturbed. Furthermore, Csapo (1972) demonstrated that pairing emotionally impaired youngsters with socially competent peers is an effective modeling technique. In this study, the children with emotional problems were given explicit instructions to watch their models and do what they were doing in order to learn how to get along better in class. Followup 10 days after the conclusion of the study indicated the emotionally impaired children maintained new socially appropriate behaviors.

Coaching is another method of teaching friendship behaviors, but, to be successful, children must have the ability to understand verbal instructions, the time to practice skills with peers, and the opportunity to acquire feedback from the coach. Oden and Asher (1977) demonstrated that "low friend" children who are coached following the above recommendations increase significantly on a sociometric play rating. Followup 1 year later indicated continued progress. This technique is potentially very useful with exceptional children because it is geared to the individual needs and abilities of each child.

Small group experiences help provide exceptional children with opportunities to make friends. Using a variety of materials and procedures from commercial programs, Garner (1974) found that measures of peer status, classroom behavior, and self concept of children with behavior disorders improved after 9 weeks. Such activity groups stress active participation in a variety of tasks which, in turn, facilitate verbal communication. Bardill (1973) reported successfully combining a behavior contracting model to activities and verbal communication techniques with preadolescents. Reisman and Beyer (1973) demonstrated the effectiveness of role playing, games, and toys in group counseling with emotionally impaired children. Haaken and Davis (1975) illustrated how latency age psychotic children also benefitted from group work. These children were encouraged to try new roles, discover their effect on others, and have needs met by asking. Finally, Harth and Morris (1976) reported positive behavior changes in emotionally impaired students through a class meeting approach to group interaction.

Investigations into classroom practices indicate the immense impact "hidden curricula" have on peer interactions at school (Jackson, 1968). When the development of social skills is left to chance, children learn expected behavior indirectly and are evaluated implicitly. Such learning is indeed risky for children with special needs. In an effort to assist teachers in developing explicit classroom practices and curricula that focus on friendship making skills, McCauley, Hlidek, and Feinburg (1977) described the Classroom Management and Relationship Program (CMRP).*

The CMRP is an information training and demonstration program useful in both regular and special classrooms. It is based on research in four areas of educational psychology: cooperative goal structuring, classroom meetings, affective education, and group contingency procedures. Classroom interventions include specific relationship development activities and a daily group reinforcement program. The 20 relationship activities are conducted one at a time in a 30 to 45 minute session, three times per week for 7 weeks. The group reinforcement program is a classroomwide reinforcement and management process that attempts to increase children's prosocial behaviors such as helping, sharing, and approving. Based on a group token economy system, the following basic principles guide its operation:

1. Each child counts as one point.
2. Each point earned is contributed to the entire group.
3. All points are awarded for positive behavior.
4. The basis of the program is to increase desired behavior.
5. Points are added and never taken away.
6. Positive interpersonal interaction is the most important part of the group program.

*A detailed description of the program and evaluation measures are available from Dr. McCauley, Department of Special Education, University of Maine at Portland-Gorham, Gorham, Maine 04038.

7. The teacher is the reinforcer, negotiator, and moderator of the program (McCauley, Hlidek, & Feinberg, 1977).

Project Aware (Elardo & Cooper, 1977) is a social development program for 8 to 11 year old children. In a detailed handbook, 72 discussion activities and 54 enrichment ideas are described. The activities are geared to develop empathy and role taking skills. Role playing is an integral part of the program, but additional information on using that technique is necessary to adequately support the inexperienced teacher.

To evaluate the effects of Project Aware, Elardo and Caldwell (1979) focused on the development of role taking skills, social problem solving skills, and the classroom adjustment of 9 and 10 year old children prior to and following the implementation of the Aware curriculum in a public school. Each week for 7 months the classes participated in two 25 minute discussions with a teacher facilitator. Results indicated that the experimental groups gained in respect for others, ability to generate alternatives to problem situations, creative expression, patience, and self reliance.

An excellent, inexpensive book on affective education is available to the special or regular classroom teacher. *The Other Side of the Report Card* (Chase, 1975) is similar to a book of tools suggesting enough activities to produce 2 to 4 years worth of affective programing. Units particularly relevant to peer relationships include: Friendship, Trust, Tolerance, Roles, Moral Judgment, Boys and Girls, Self Disclosure, Personal Strengths, Decisions, and Survival.

Several commercial, multimedia curricula focus on interpersonal relationships. Although they have been discussed in previous sections, their importance in facilitating student and teacher awareness of social skills deserves mention here.

1. *DUSO Kit D-2* (Dinkmeyer, 1973) is based on eight major unit themes. Those most useful in developing social interaction are Toward Friendship, Toward Responsible Inter-Dependence, Toward Emotional Stability, and Toward Responsible Choice Making. Puppets, posters, activity cards, and discussion pictures are a few of the many materials that facilitate the program.
2. *TAD* (DuPont, Gardner, & Brody, 1974) has sections on Reaching In and Reaching Out, Working Together, and Your Feelings and Mine which are particularly helpful in building peer relations. Materials that structure the activities include filmstrips, illustrations, feelings wheel, shapes and objects cards, and student activity sheets.
3. *Focus on Self Development* (SRA, 1974) is organized in stages. Stage II, Responding for Grades 2-4, and Stage III, Involvement for Grades 4-6, focus on socialization activities.
4. *Human Development Program* (Palomares & Bessell, 1969) is structured by grade levels. The group activities are especially useful in increasing communication skills. If children with special needs are

socially immature, they can effectively use materials designed for lower grade levels. While simplified, most activities are not juvenile.

A wide variety of curriculum guides and descriptive papers on developing peer relations are available through ERIC. Two relevant programs are:

1. *Program for Peer Relationship Development* (Salzberg & Smith, 1975). This program uses relaxation training, modeling, rehearsal, and game playing in a group setting and is designed for 10 to 12 year old children with behavior problems.
2. *Teaching Interpersonal Social Skills: A Prototype Manual of Activities* (San Diego County Department of Education, 1974). This manual provides games, role playing situations, cartoon discussions, and critical incident simulations designed to teach social skills to educationally handicapped elementary age children.

Sound filmstrips that explore aspects of peer relationships are available from Guidance Associates. Through compelling stories and dramatic situations, children are given the opportunity to react to experiences that occur in their everyday lives. Titles of the series, *First Things: Social Studies* (Schone, 1975), include "You Got Mad: Are You Glad?," "What Do You Expect of Others?," "What Happens Between People?," "Who Do You Think You Are?," and "Guess Who's In a Group!" Another series, *Why Don't People Say What They Mean?* (Barr Films, 1978), consists of four sound filmstrips focusing on peer communications. These are appropriate for children in third through seventh grade.

Enhancing Emotional and Aesthetic Expression

The developmental tasks indicate that during middle childhood youngsters are experiencing and learning to identify complex emotions. Furthermore, a wide variety of outlets for appropriate self expression become available to school age children and provide them with direction for intense feelings. To facilitate emotional development in exceptional children two factors need to be considered. The first includes children's awareness and expression of affect; the second pertains to the availability of childhood experiences and exposure to meaningful role models.

Awareness and Expression of Affect

In the elementary years several changes in emotional development take place. In the early grades, children begin to identify the existence of two simultaneous emotions such as loving parents and being angry with them at the same time. Later an awareness of mixed emotions

develops. For example, children wish to follow both peer and parental directions despite their oppositional features (Selman, 1976). As intense friendships form, children feel the need to express and receive affection. Furthermore, they begin to understand that relationships develop over time.

Humor is another aspect of self expression that becomes more sophisticated during middle childhood. In addition to the delight and joy children experience in giggling over something funny, humor protects and defends children from anxiety and self consciousness.

In the preadolescent phase of middle childhood, children develop crushes. Whether directed at movie stars, singing idols, or the kid next door, strong attachment feelings produce confusion and even erratic behavior on the part of previously sensible youth.

Although children with special needs have the same feelings as their normal progress peers, frequently disturbances in timing, intensity, and expression of these feelings indicate the need for special help in affective development. Several examples are illustrative. Children suffering from chronic, progressive disease such as retinitis pigmentosa, muscular dystrophy, and cystic fibrosis must accept the inevitability of reduced capacity at a time when peers are making tremendous gains in skills. The despair experienced by these children may blunt the awareness and expression of all affect. Physically handicapped children, infantilized by oversolicitous but well meaning adults may explode with rage when teachers in special programs begin to teach and expect the use of self help skills. Children with impaired cognitive development acting on confused affiliative, sexual, and dependency needs may experience painful rejections if they blatantly violate covert social codes of behavior in expressing their feelings for another.

Affective education for special kids is not therapy, but it can be therapeutic. By focusing on normal emotions, special children as well as others learn to feel, label, and express their internal emotional states in socially acceptable ways. The isolation and limited experience characteristic of so many exceptional children make explicit teaching about emotions a crucial aspect of their total educational program.

Bibliotherapy is an excellent example of a teaching technique that facilitates appropriate emotional expression by providing children with models for identification and alternative solutions to problems. A variety of books focusing on feelings and/or handicaps are available. Successful use with exceptional children aids identification and exploration of feelings; provides information about and insight into a variety of emotional, sensory, motor, and cognitive disabilities; and assures children they are not alone with their problems. An excellent sourcebook for the teacher wishing more information on this topic is *Helping Children Cope: Mastering Stress Through Books and Stories* (Fassler, 1978). Books that help children explore feelings include the following titles from Human Sciences Press:

1. *Two Homes to Live In*, by Barbara Hazen
2. *I Have Feelings*, by Terry Berger
3. *My Grandpa Died Today*, by Joan Fassler
4. *Things I Hate*, by H. Wittels and J. Greisman
5. *All Alone with Daddy*, by Joan Fassler

Books dealing with problems and disabilities include these titles from Human Sciences Press:

1. *Boy with a Problem*, by Joan Fassler
2. *Don't Worry Dear*, by Joan Fassler
3. *Please Don't Say Hello*, by Phyllis Gold
4. *One Little Girl*, by Joan Fassler
5. *Lisa and Her Soundless World*, by Edna Levine

Other classroom activities that increase children's awareness of their emotions include psychodrama, role playing, creative writing, puppetry, and story telling. Film making, videotaping, and photography require parental permission and extra equipment but they too prove to be effective tools in teaching about emotions and encouraging appropriate self expression through active participation and involvement.

One such program using photographic activities to enhance interpersonal, emotional expression in deaf children is described by Doris Naiman (1977). In this project, pairs of children share a camera. The two children take turns using the camera in school and taking the camera home. Pictures are taken daily over a 4 week period. Children are allowed to photograph whatever they wish. Teachers encourage children to tell about their photographs using all modes of communication: talking, signing, pantomime, and writing. Teacher ratings indicate that 18 of 20 children increased their interaction with peers including communication of ideas and expression of feelings. In addition, specific examples of increased self competence, self esteem, and initiative are described.

In another program, a film workshop was conducted at a residential school for preadolescent boys with behavior problems. Each of the participants made his own movie and assisted in the film making of the other boys. Analysis of each boy's script and observations during filming indicated that film making provides opportunities for appropriate self expression and encourages cooperative group behavior and impulse control (Arnott & Gushin, 1976).

A number of programs such as *The Human Development Program* (Bessell & Palomares, 1969), *Developing Understanding of Self and Others*, and *Toward Affective Development* (DuPont, Gardner, & Brody, 1974) have been developed to help youngsters understand their feelings but none are designed especially for exceptional children. Furthermore, in each program extensive use is made of visual and

auditory cues making modification for some exceptional children necessary.

Toward Affective Development (DuPont, Gardner, & Brody, 1974) is an activity centered program for 8 to 11 year olds that uses such techniques as games, simulations, role playing, acting out, modeling, imitating, brainstorming, and group discussion to stimulate psychological and emotional growth. Children's real life experiences are the focus of the program. One section deals predominantly with feelings. The activities help children reorganize and label feelings, understand that feelings occur in a social context of antecedents and consequences, and experience and appreciate how their actions influence the emotional climate of the classroom.

Another type of structured program that allows children to explore feelings is *Dimensions of Personality* (Limbacher, 1970). This systematic K-12 approach to affective development deals with emotions, groups, awareness, growth, family and peer relations, environment, and self image. At each grade level student worktexts are provided to encourage personal recordings. Through stories, pictures, and structured activities the teacher safely guides children's discovery of feelings and encourages productive discussion. One particularly beneficial aspect of this program is its developmental approach making adherence to the grade level format unnecessary in working with exceptional children. One drawback to the program pertains to occasional sexist remarks in the stories, but an astute teacher can use these comments for additional learning.

Funnybones (Educational Manpower, n.d.) is a multimedia kit, useful in grades 1 through 6, that appeals to children's developing sense of humor. Through stories, children delight in word manipulation, tongue twisters, and in big ridiculous words. Since some exceptional children have difficulty with humor, Dale (1979) provided these hints to teachers working with slow learners.

1. Make sure the double meaning of words are understood.
2. Clarify abstractions and use a minimum of confusing words.
3. Explain distractors and their double meanings in jokes.
4. Match the learning difficulty of the jokes to the ability level of students in the class.

Following these guidelines helps children gain an appreciation of humor. Furthermore, systematic teaching of jokes and what is funny about them provides children with a tool to relieve tension in awkward social moments.

Other classroom materials that focus on emotional expression include the following audiovisual aids.

1. *Posters Without Words* (Argus Communications, n.d.). A series of dramatic photos that encourage creative expression.

2. *Brothers, Sisters, Feelings and You* and *Changes in the Family* (Guidance Associates, 1973). Two filmstrip series that focus on feelings in families.
3. *Feelings / A Series* (Churchill Films, n.d.). Five films each exploring a feeling such as fear, loneliness, anger, and sadness.
4. *Personal Feelings About Yourself* (Education Corporation of America, n.d.). A set of seven sound filmstrips that illustrate feelings such as insecurity, shyness, self competence, etc.
5. *Moods and Emotions* (A Child's World, n.d.). A picture set depicting eight familiar moods and emotions.
6. *Family Feelings* (Learning Corporation of America, n.d.). Set of five filmstrips and two records that explores the joys and conflicts of family life.
7. *Identity I and Identity II* (Advance Learning Concepts, n.d.). Set of hardcover books and tapes that explore everyday feelings, moods, and emotions.

A novel approach to learning about feelings is through active involvement in games such as *Body Talk* and *Tell It Like It Is: The Ungame* (Pennant Educational Materials, n.d.) and *Feeling* (Argus Communications, n.d.). These games are useful in the upper elementary grades. Since they are not designed for exceptional children some modifications are necessary depending on the children's abilities.

Finally, an excellent educational television series called *Inside/Out* (Agency for Instructional Television, 1973) is available. It consists of 30, 15 minute films designed to help 8 to 10 year olds understand and cope with their emotions. By portraying experiences common to young lives, the films trigger discussions of feelings and concerns involving social, emotional, and physical problems. A teacher's guide is available which provides guidance for facilitating group discussions and suggestions for additional activities.

Access to Experiences and Models

Middle childhood is a time of adventure. Through new, exciting interactions with the environment and other people, children actively seek experiences that foster a personal style of growth. In this process, work and play activities help children discover and express themselves. They find that, like their peers, they have strengths and weaknesses. Some of their limitations are improvable and others must be accepted. Because the elementary years are accompanied by decreasing reliance on adult supervision, mobility and independence encourage children to sample a wide variety of experiences until they settle on a few that fit their needs for self expression.

Exceptional children have limited access to experiences and models. By virtue of their disabilities they must wait for assistance to participate in life's adventures. Helping children cope with the frustrating feelings of enforced passivity is one way of enhancing their

emotional growth. Still another process involves helping them live fully and that entails making the normal experiences of middle childhood accessible to children with special needs. They, too, benefit from the opportunity to pick and choose their modes of self expression.

Art, music, and dance therapy appeal directly to children's emotions. In a nonstressful, noncompetitive atmosphere, these techniques provide exceptional children with pleasure and immediate success. The key element in each is that, regardless of disability, children are actively involved in the process. Suggested resources available to the classroom teacher include:

1. *Art for All Children: A Creative Sourcebook for the Impaired Child*, by Frances Anderson, describes practical methods for using art to enhance special child's total educational, emotional, and physical development. The author focuses on improving the child's communicative and cooperative skills, self concept, and creative expression.
2. *Music Based Instruction for the Exceptional Child*, by Cary Reichard and Dennis Blackburn, offers suggested resources and activities that relate to music based instruction for children with special needs. The paperback book includes song books and materials for children with mental impairments and the use of musical instruments with exceptional children.
3. *Art Instruction for Handicapped Children*, by Ann Krone, is an illustrated book based on author's experiences at the Institute for Logopedics. The book provides background on stages of artistic expression, motivation, planning, and subject matter, and includes a splendid variety of art activities.
4. *Physical Activities for Individuals with Handicapping Conditions*, by D. Geddes, is a practical sourcebook of functional noncategorical activities presented in behavioral objective form. The text is illustrated with photographs and line drawings.

Vicarious exposure to the arts is another important affective education process. Surrounding exceptional children with art and music instills positive attitudes toward these opportunities for aesthetic expression. In addition, many famous works created by handicapped individuals provide opportunities for teachers to acquaint children with role models.

The National Committee, Arts for the Handicapped (1701 K Street, NW, Washington, D.C. 20006) is an educational affiliate of the John F. Kennedy Center for the Performing Arts. This agency coordinates nationwide arts programs for all handicapped children; therefore, it is a valuable resource of information and ideas. One function of NCAH is to provide small grants to those interested in developing innovative programs. In another capacity, NCAH is compiling a collection of arts lessons designed to meet basic skill objectives and simultaneously enrich the lives of children with handicaps (Appell, 1979).

Sports and outdoor activities for exceptional children are gaining in popularity. Therapeutic horseback riding is one activity that has become a major movement in the treatment of children with physical, intellectual, and emotional handicaps in Europe. Although acceptance of this activity in the United States is slow, the world's largest riding school, The Cheff Center for the Handicapped, is located in Augusta, Michigan, and an excellent manual on therapeutic riding is available from that center (Juul, 1978). Supporting the value of therapeutic riding, Rosenthal (1975) described positive physical and mental reactions such as increases in motivation, mobility, and courage in children with physical disabilities.

Learning to ski is an additional innovative sports activity for visually impaired (Miller, 1976) and other exceptional children. Experiencing this activity illustrates to able bodied and disabled alike that the potential means of self expression for children with handicaps are limitless.

Sports with a competitive approach to winning are available through Special Olympics. Through participation with peers, children with mild mental impairments and a variety of other handicaps are afforded the opportunity to experience the joy of winning and to cope with the frustrations of losing. A positive emotional spirit surrounds these events and numerous children have benefited from learning to try their best in the face of competition with others of similar ability. Finally, games such as bean bag, cage ball, shuffleboard, minihockey, and bowling provide avenues for self expression in severely handicapped children (Watson, 1975).

The following curriculum materials are designed to promote self expression in children. Although they are not specially for handicapped children, they may be adapted to meet special needs.

1. *On Stage: Wally, Bertha, and You* (Urban, 1970). Using creative dramatics, children build self confidence by expressing themselves within a group and before a group.
2. *Theater Games File* (Asthetic Education Program, 1971). A collection of affective improvisations for children.
3. *The Five Sense Store* (Asthetic Education Program, 1974). A multimedia program for primary and middle grades designed to give children the experience of discovering, using, and understanding their own senses and emotions.
4. *Self Expression and Conduct / The Humanities* (Harcourt Brace & Jovanovich, n.d.). Through activity centered books, records, and sound/filmstrips children learn to express their feelings about themselves to their world.

Working with Parents on Affective Education

Parents and children experience a new sense of freedom during the elementary school years. The patient, parental guidance and care typical of early childhood begins to pay off. Youngsters are increasingly

able to help around the house, care for themselves, and transport themselves by foot, bike, or bus to self determined destinations. Making friends, practicing motor skills, and learning in school keep children busy, allowing parents time to invest in areas of personal interest. To the delight of moms and dads, special talents and unique interests develop in their children. Just as youngsters feel proud to express themselves through the skills they learn, so parents experience a sense of pride in their children's accomplishments. Despite the influx of demanding expectations from children's expanding social world and the normal hassles involved in monitoring the preadolescent drive for independence, middle childhood is an affectively calm and rewarding period of development.

But what about parents of children with special needs? For them, as for their children, middle childhood intensifies the frustrations of living with an exceptionality. This section illustrates some of the affective issues parents face as their exceptional children struggle to grow up and suggests materials to help them facilitate the process.

Parents of exceptional children feel the conflicting demands of society's timetable for letting children go and the complexity of the unique, yet sometimes stifling, dependency relationships that develop between them and their disabled children. Unlike normal progress peers, independence is not necessarily inevitable for children with special needs. The delicate balance between appropriate, supportive caring and doing too much for exceptional children is difficult to discern. Parent's strong feelings of guilt, anger, compassion, and frustration easily interfere with the clear thinking necessary to maintain an optimum balance between supporting and smothering.

Children's diminishing beliefs in omniscient, parental authority and their growing affective investment in peers also creates emotional conflicts in parents. After the extensive personal sacrifices they have made on behalf of their handicapped children, unconscious needs for gratitude and appreciation may complicate the natural process of separation. Furthermore, if handicapped children have the support of peers, parents may gladly relinquish partial control over their children's lives. However, when their children experience ridicule, harassment, and rejection by peers, it is extremely difficult for them to facilitate the separation and independent growth of their children.

To assist parents in coping with their affective needs and those of their children several new materials are available. *Living Fully: A Guide for Young People with a Handicap, Their Parents, Their Teachers and Professionals* (Gordon, 1975) is written very simply and addresses issues such as parent's concerns about handicapped children and the psychological problems of youth with minimal brain dysfunction. *Two Way Talking with Parents of Special Children* (Chinn, Winn, & Walters, 1978) provides additional help. The goal of this book is to facilitate the communication processes of all individuals involved with special children. Another source of assistance can be found in Part II of Goldstein's (1978) *Social Learning Curriculum.*

This multimedia program concentrates on guiding special children in their interactions with their families. Activities help them assume responsibility and work toward independence. Finally, *Learning Disabilities: A Family Affair* (Osman, 1978) provides practical advice for parents and professionals dealing with learning disabilities.

Parents of exceptional children face other dependency issues within themselves. As their handicapped children mature, they must rely on the understanding, knowledge, and competence of educational, medical, social, and rehabilitation professionals who are actively involved in making decisions concerning the welfare of exceptional children. This means the normally autonomous function of parenting must be intimately shared with others.

Three new books are available to help parents effectively cope with the parent professional partnership.

1. *Parents Are to Be Seen and Heard: Assertiveness Training in Educational Planning for Handicapped Children* (Markel & Greenbaum, 1979) is a guide in a workbook format. It facilitates learning the social skills necessary for parents to express personal feelings, maintain their rights, and meet the educational needs of their children.
2. *Working with Parents of Handicapped Children* (Heward, Pardig, & Rossett, 1979) deals with important issues such as the parent-professional relationship, parent education groups, adaptation of the home environment, preparation for a babysitter, and out of school social situations.
3. *Handbook for Parents of Handicapped Children* (Mopsik & Agard, 1978) offers guidelines to parents concerning the creation of individualized education programs and procedures for working with professionals involved with exceptional children.

Parents experience considerable anxiety over the inevitability of sexual maturity in their exceptional youngsters. Such issues as menstrual hygiene in mentally impaired young girls, appropriate sexual expression in disturbed young boys, dating for physically handicapped youngsters, and acquainting blind children with the anatomy of the opposite sex are touchy, value laden dilemmas for parents who wish to facilitate affective development.

Personal sexual conflicts may also surface in parents of prepubescent, exceptional youth. The impending physical changes in their children stir up secret beliefs that their children's handicaps are the result of parent's sexual misdeeds. Pervasive myths, such as the belief that masturbation results in mental illness, augments parental feelings of guilt and responsibility.

An excellent film is available to help parents face their children's sexuality. *On Being Sexual* (St. Louis Association for Retarded Children, 1975) depicts an actual discussion between parents and professionals and addresses parental concerns regarding sexual

development and expression. Although the emphasis is on retarded children, the issues are relevant to other exceptional youth.

An additional affective issue confronting parents of exceptional children is the sense of loss they experience as they realize that the many anticipated joys of parenting are unavoidably altered by their children's disabilities. Some parents need to accept the fact that their children will not grow up or be independent—that the process of parenting for them will be prolonged indefinitely. An excellent book, *The Disabled and Their Parents: A Counseling Challenge* (Buscaglia, 1975), was written to help parents and professionals dealing with parents to cope with the myriad of conflicting emotions elicited by the challenge of raising children with special needs.

Mainstreaming and Affective Education for Elementary Pupils

The integration of mildly handicapped children into regular classrooms has intensified the awareness of all educators about the social development of exceptional children. More recently, and appropriately so, the social development of regular class children has been included for consideration.

In one effort for mainstreaming of learning disabled and gifted, a program of confluent education was used (Brown, 1975, Thornton, 1977). The particular procedures included the analysis of the needs of each group and specific content that would facilitate mainstream adjustment. The results are said to have improved social relationships and self concepts. A similar procedure could be used for other special areas.

Psychologists propose that children who constantly tease and make fun of others do not have an adequate understanding of the other's feelings, of fairness, or of interpersonal relationships. Empirical evidence supports this hypothesis (Selman, 1976). Children low in social cognitive development experience difficulties in interpersonal relationships, but training programs in the key domains, moral judgment, and interpersonal conceptions effectively stimulate social cognitive growth and improve behavior (Enright & Sutterfield, 1979).

To facilitate the success of mainstreaming, regular class children who are low in social cognitive development can be remediated with specific techniques in the classroom. Enright and Sutterfield (1979) suggested the following:

1. Discuss hypothetical dilemmas at a set time each week, focusing on teasing behavior and the subsequent hurt feelings.
2. At a routine time, conduct discussions of the actual mainstreaming problems that have occurred in the course of the previous week.
3. Handle spontaneous incidents as they arise. Exploring moral and interpersonal aspects of the actual dilemmas is important. In addition, point out discrepancies between past thoughts and feelings and current behavior and feelings.

4. Provide carefully monitored cross age or peer helping situations in which regular classroom children are given positions of responsibility helping mainstreamed children. It is essential, however, that adult interventions guide active discussions regarding these real situations. With each alternative suggested above the critical factors are adult intervention through modeling higher level reasoning and the relevance of the dilemmas to the children's everyday lives. (For a complete description of the program see Enright, 1977.)

A series of sound filmstrips, *Why Am I Different?* (Barr Films, 1978), is available to facilitate understanding of handicaps. Four titles include: "I Am Different," "I Am Blind," "I Am Deaf," "I Can't Run." The emphasis of each filmstrip is on how exceptional children think and feel, what they can and cannot do, and how to treat them fairly.

Encyclopaedia Britannica has produced a series of 10 live action film portraits of handicapped youngsters. The series, *People You'd Like to Know*, won a First Prize at the 1978 International Rehabilitation Film Festival. Each film is accompanied by a comprehensive teacher's guide. All are suitable for middle grades and up.

A new film series, *Feeling Free* (Scholastic, 1978) consists of six films and guides. Each portrays a "spunky, determined, engaging child" who is also disabled. Cerebral palsy, dyslexia, blindness, deafness, and dwarfism are the disabilities introduced, but more importantly, myths about disabled children are dispelled in a candid often humorous fashion.

At this point, it is evident that the growth of self in interaction with others is the major focus of development in middle childhood, but it may not be the most important issue for all exceptional children in the middle years. New research in the affective domain, relating to these complex processes, contributes to our knowledge almost daily. Although the recent burgeoning interest in affect promises exciting discoveries, it is also bewildering to the classroom teachers who are deluged with conflicting demands on their time. It is our hope this review of processes and materials is of assistance to teachers in maintaining an integrated balance of affective and cognitive goals for the education of their exceptional children in the elementary years.

4 Affective Education for the Special Adolescent

THE VIEW FROM WITHIN. Textbooks talk about how hard it is. Your parents tell you how easy it is. All you know is that to be an adolescent is both hard and easy, a pain sometimes, fun at other times. It just depends . . . On what? Whether your adolescence is hard or easy depends greatly on what people are expecting of you and whether you can meet these expectations. Parents, for example. It gets harder to live with them. Part of the problem is that you would really like to be done with depending on them. It's not that you don't want them around as much as you wish they'd just be "around" and not "into." If they stayed on the edge of things it might be OK, but often they seem to get into the middle. Where are you going? Who are you going with? When will you be home? They seem to be always worrying about where you are and what you're doing. What is really worrying them is the future and so they remind you of it—where you will be, what you will be doing. The depressing thing is that sometimes, deep down, you worry about the same thing. The fact is that it used to be, as a kid, everybody knew you better than you knew yourself. They could tell what you were thinking by looking at your face. Now, at times, nobody seems to know you. Sometimes that's fine; the privacy and independence are great. But sometimes you are lonely, too.

Then there's sex. Well, first of all, there is sex and there is SEX. The things involved around the edges—like meeting somebody, having a good time—that part's fun . . . usually . . . (sometimes even that part is hard to pull off smoothly). But SEX . . . that gets heavy because there's more to it, if you're honest, than just fun. There's a real tug—asserting yourself, or waiting, or testing out the other person, or hold-

ing back, or letting go. All of those things to balance out. When you add to them your own anxious feelings that you can hardly speak to anyone about . . . well, then sex isn't so easy.

It seems like sex isn't the only thing that's such a complicated affair. Everybody around from teachers, to peers, to parents expect something from you, and they all expect something different. But, behind the issue of what any of them expect is the BIG CLINCHER, which is that really, people are talking about what they expect you to be, not just to do (though they go together). How about work . . . will you make it? What you are going to do seems to rest on what you can do. Sometimes, right now, it seems like not much. Mostly you'd rather not face that question. But it keeps coming up. What will it be? More school . . . but to do, to be what? A job . . . but just any kind of job doesn't appeal. So adults keep asking you about the future. There's a lot of time to decide. Then there's no time left. Hurry up.

As a matter of fact, the word for it all is "threatening," the word for the feeling is "scared"! And if you are "special," then the adults are even more concerned and so, you're even more scared. Compared to the other kids, it seems so much harder and the future so much more difficult. What will happen when your parents are no longer around? You think about that one a lot! You know first hand how rough the world can be; you've been teased, deceived, or ignored enough times to know that it will probably continue, even if in a different way. Where will it all end up? That's the bottom line, isn't it? The jumble of feelings and issues, for you, point to the unknown future you're headed for, sometimes, on a runaway train. Where will you end up?

BASIC SUPPORT NEEDS FOR AFFECTIVE GROWTH

Sometimes it is a bit too easy to begin a study like this and reflect on adolescence only as a problem time. Like any stage in life, adolescence has both its problems and its joys. What we hope to present here is a balanced view in considering some of the problematic areas in adolescent development, particularly as that development affects the special adolescent who may have a physical, mental, or emotional handicap. Again, as we look at adolescence, we adults may slip into looking only at what we have chosen to believe about that time of life. For example, when we only speak about high schoolers as carefree, irresponsible, sexually permissive, crazy kids, we seem to be addressing our needs to see adolescence in a certain way and not their need at all.

In considering adolescents then, let's first look at what they need:

From the family:

1. People and the place in which conflict can still be considered healthy, where healthy conflict, frustrations, and problems can be worked out in a safe atmosphere.
2. People who hope for and receive joy in their accomplishments so that one can believe accomplishments are possible.

3. People and a place where one may work out the larger issues regarding authority and independence.

From peers:

1. People with whom one may begin to work out lasting intimacies, with whom one may share a very private self.
2. The beginnings of same sex and opposite sex relationships in some depth, relationships in which one may come to know oneself better as well as the other person.

From school:

1. An environment that fosters exploration, learning, and development of one's talents.
2. An environment that includes healthy adult models beyond the models one receives at home.
3. A place to work out group and intergroup relationships, to learn about the world at large including the world of work, and how to function in that world.

AFFECTIVE TASKS OF ADOLESCENCE

In order to best conceptualize adolescent development, it is useful to view the adolescent as a person dealing with three major areas that need resolution: self concept, social relations, and emotional development as indicated in Figure 1 (page 8). As we scan the issues involved in each area, particular attention is needed for the special youth.

Development of the Self

The first dimension involves the adolescent's body image, self concept, and self esteem.

Independence-Dependence

It is hard for the adult to remember the nature of the conflicting pull toward both independence and dependence he or she felt in growing up. Actually the pull began at about age 1 1/2 not at adolescence! If one can remember the temper tantrums at 2, the tantrums "to do it myself," it might be a bit easier to understand the adolescent conflict between getting away and staying. Young people are caught between the yearning to be free of parental protection and the fear of being on their own. They prepare to leave family, school—maybe the community—with exuberance and with a more hidden fear. They leave parents with a panorama of an unknown future they want, but are hardly ready for. Thus the fear. The arena for the struggle is both the home and school. Here the adolescent works out the issues regarding what it means to need others and to be alone, as well as issues of freedom and responsibility. The child with handicaps that keep him or her physically or

emotionally dependent will experience the same desire for freedom but without the same hope of future fulfillment. The child's fears about the future are often coupled with much more real recollections of failures in the past, failures at doing what others do, failures at communication, at relationships, at all the things needed to truly be independent. If the fears of separation are greater sometimes so are the defenses against those fears. Thus, the struggle may become more focused on the people currently in one's life; home, school, and community can become a battleground where fears are dealt with in any number of counterproductive ways.

Sexual Development

The change taking place at adolescence is often focused on sexual maturation. There can be no question that the development of glands, growth, and characteristics that mark one sexually will have a profound effect on the adolescent's life. Our sense of self as a sexual person is bound up precisely with our sex and no amount of unisex writing or clothing can obscure the experience. Through sexual maturation one becomes someone different than one was before. This is the experience of every adolescent. Sexual development brings with it new desires and expectations for intimacy with others, perhaps intimacy that makes other fears seem more controllable. Sometimes young people are well prepared for this change, but often there is very little preparation for the new sexual development. We say this because no new curriculum nor new parental admonitions can really serve when the preparation required is not only knowledge of facts, but a sense of emotional security about oneself that is strong enough to accommodate the new sexual self.

The impaired child with normal physical development but without the usual adolescent experiences may suffer more than the typical frustration and anxiety here. For the emotionally impaired child, sexual acting out can often be a signal of the same anxiety, but misdirected. If one is experiencing a new self then one is also encountering a new fear about how that self will be accepted. Fear of rejection is common in adolescence, but more so with the adolescent who already has been rejected many times in his or her life because of a particular handicap. Sexuality and the newness it brings merely adds one more item to the list of reasons why this child may be afraid. As the list of fears grows, so grow the reasons to hide them.

Physical Prowess

Adolescents seem to have an unlimited source of physical energy. Peaks of physical strength and physical skill carry with them a desire to excel, compete, or to otherwise prove to themselves and to others they can win or at least to test those abilities. While parents and teachers will find in their young students a source of joy and admira-

tion in watching their physical skills develop it is easy to overlook the fact that that admiration may carry no little undercurrent of fear and possible resentment. In a society that prizes youth, beauty, and strength it is not the rare adult who winces just a little on seeing his or hers passing. It is also not unusual to ask our youngsters to fulfill something we can no longer do. As adults, if we can look at our own passing strength, we may get a better idea of what the child who cannot compete or does not compete physically is deprived of in terms of a needed testing ground. Children with handicaps that prevent them from either excelling or trying to excel find it harder to believe in their own power or ability to do many things.

Self Image

The preadolescent who can suddenly be found looking in the mirror to check his hair or her makeup is calling our attention to a time in life when physicality assumes tremendous proportions. The pronounced physical changes ushered in with pre- and early adolescence are a sign of sexual maturation and they make a strong impact on each youngster's sense of self. What one looks like—body image—is not simply a new narcissism, but a heightened need to try out and explore different ways. The preoccupation with appearance is a type of exploration of one's "self." How and when one grows physically, secondary sexual characteristics and appearance in general all play vital parts in attaining an image of oneself, an image that goes deeper than skin. What we want to look like and how we want to be seen can collide with how we are seen. In other words, the adolescent is forced to integrate again what he or she is and what he or she would like to be. Images and ideals collide and, frequently the youngster gets caught in the crash. Obviously, the youngster who sees himself or herself as physically inferior or unattractive or different will find this issue a real stumbling block.

Cognitive Skills

Even a cursory knowledge of the work of Jean Piaget (1948) is enough to acquaint us with the familiar concept of cognitive development. What we have learned from Piaget and others is that cognition develops by stages. By adolescence, the youngster has developed a new way of conceptualizing. In short, the child is now able to think about thought, to organize his or her world so that it is full of unlimited possibilities. For the first time, the adolescent can separate and integrate what is possible from what is presently true. Thus, the future becomes not an extension of what is already known, but something truly unimagined. But how we *can* conceptualize only has a partial bearing on how we *will* do it. One must have some hope for a future in order to idealize it. Special children may consider their futures limited because they see themselves as limited in ways that are untrue. Obviously, then, when

we speak of cognitive skills we need to recall again the emotional understructure, the *feeling* about the future, needed to make the future come about.

Social Development

The second area of affective growth is social development, the maturing of empathy and, with independence, the ability to stand in another's shoes. Social development involves the maturation of social skills but it also includes the flowering of personal values that will give one some ground from which to approach individuals and the larger world.

While much attention is focused in schools on the acting out adolescents, there are other forms of behavior, typical of adolescence, that point to underlying emotional pain, especially to pain over limited social skills. When we consider, for example, intimacy as a necessary task in adolescent development, it is vital to reflect on isolation and shyness as ways of avoiding relationships. As a teenager is brought into a larger, more demanding world, he or she can typically react not so much with overt hostility as with social isolation. The education of emotional issues needs to recognize the conflict covered by refusal to relate. Processes that focus on relationship can provide classroom help. "You and the Group," "Relating: The Act of Interacting," and "Shyness: Reasons and Remedies" (from Media Press) are three titles of interest.

Parental Relations

As we intimated before, many of the independence-dependence issues are fought out in the area of parental and teacher relations, but issues regarding parents and teachers are more complex. While it may be fairly easy to see that adolescents use adults to test out their new sense of self and to fight out the conflicts going on within them regarding the larger world, what is harder to see is the parents' changed relationship with their adolescent. In other words, it is not only the adolescent who looks out on the world in a new way, the adult also looks at the adolescent in a new way. Sometimes that "way" is influenced by how the parent has worked out his or her own adolescence and adolescent issues. Parents, for example, who have found it difficult to separate from their parents may make it equally difficult for their children to separate from them.

In a time of increased strain upon family life, it may be that parents wait until children reach adolescence before allowing various marital and family problems that have existed all along to come to the surface. Thus, the youngster who is preparing to leave home may suddenly find that his or her home is disintegrating; the eruption of marital and family problems may leave an adolescent with a sense that there is or will be no home to come back to, no haven. Parents often make the

mistake of believing that marital discord can be handled with relative ease by the adolescent. They find it hard to understand why that same adolescent spends less and less time at home. For the special child, parental issues are exceptionally grave. Family tensions may get scapegoated on to the emotionally impaired child, who may be blamed for any number of issues which, at their heart, go far beyond anything of his or her causing. Parents should expect that their concern for their handicapped child's future will grow as adulthood comes closer. Their own concern coupled with their child's sometimes hidden concern over the same issue can lead to family problems that are fought out as daily petty occurrences but that are, in reality, far more important.

Peer Relations

As we consider adolescent development it would be a mistake to consider it as anything but interpersonal. Youngsters see themselves as they are seen, especially by peers. So, in high school, the great emphasis upon what others are doing or wearing comes down to the issue of how one sees oneself. One of the healthy things high school can provide is any number of groups where a youngster can find a niche or another group of youngsters to share the same interests. Perhaps as we see ourselves as different in the adolescent years we also need to see ourselves as the same. We might also be reminded that interaction, even if it is conflict, is needed for growth. The special child who is ignored, pitied, or teased has the added burden of being deprived of the healthy interaction that allows for development. The handicapped child who at an earlier age may have been ridiculed by peers may find, in high school, not so much ridicule as loneliness. For an adolescent, being set to one side, passed over, or ignored is as great a problem as merciless teasing.

The Work World

Social development comes about as one learns how to make one's way in the world. In fact, in order to "make it," more than a few skills are needed. In actuality, *work* means not simply doing a job but doing it for someone and often doing it with someone. In order to work, one needs to live up to another's expectations as well as one's own. For the adolescent, an after school job becomes an important place to learn what one can do, but also to learn that there are others besides teachers or parents who place expectations on the person. Special children who have felt incompetent or insecure about themselves come to adolescence with even greater need to find jobs so that they can get away from conflict ridden family and school relationships. Rather than being protected from the hardships of the work world they need introduction to it in order to feel capable of eventually succeeding in it.

Social Values

As we have said, it is only as one leaves childhood that one can put oneself in the place of another. Learning how others feel and what values "work" in the world is the task of adolescence. Only as the adolescent has the cognitive ability to recognize unforeseen possibilities, can he or she appreciate values other than the ones he or she has been shown heretofore. With self reflection comes a better idea of what one believes and stands for. Social development can only occur as the person comes to know on what and for what he or she stands in society. Emotional impairment, especially, places serious obstacles in a child's way of seeing past himself or herself; it means, often, he or she has not incorporated strong norms to direct himself or herself in society. It also may mean he or she is not independent enough to truly put himself or herself in the place of another. In the past, we have felt that sociopathic acting was caused by a lack of a developed guilt mechanism; now, we are more apt to feel the sociopathic child has developed a habit of not attending to the inner mechanisms of guilt that are present. In any case, it is clear that the development of social values is built upon the development of emotional life.

Emotional and Aesthetic Development

The final aspect of adolescent growth we deal with is emotional development. While the previous two sections have addressed this, here we concentrate on emotion per se, the experiencing of life as distinct from knowing it.

Experience of Intimacy

Adolescence normally opens the door to a youngster's first experience of intimacy especially with the opposite sex. This sense of closeness ends the feeling of being alone, alienated, and understood by no one. A young person needs to recognize his or her capability of communicating deeply with another human being in order to develop healthy relationships and healthy expectations for the future. If children are deprived of this experience because of some impairment that makes them believe they are too different they can become increasingly isolated. Both mental and physical impairment contribute to youngsters' believing they will never find intimacy with peers yet experiencing great loneliness without it. For example, educable mentally impaired persons may find themselves cut off from normal peer culture by their own lack of social, physical, or intellectual skills. What can be missed is how clear it is to the individual that he or she is isolated. While he or she may not recognize the need for intimacy, the lack of it may be written in the myriad asocial ways he or she seeks it. Often youngsters of this type are necessarily protected by their families. However, in adolescence it

may become clear that parental overprotection has had its clear problems when the youngster craves an intimacy that the family cannot give.

Sensitivity and Participation in the Arts

We have spoken previously about cognitive growth permitting emotional growth. The field of aesthetic appreciation of art is a clear case in point. Personal creativity and the appreciation of artistic creativeness grows as one develops the ability to integrate and abstract anew. At the same time, as one can empathize with others, the performing arts grow in importance; adolescents can develop a new artistic ability because the method of trying out or acting out the role of another is a familiar one at this age. Moreover, as cognition grows so does symbolic representation—the artistic work of expressing beauty in symbol. Teachers should be careful not to label adolescents as artistic or nonartistic as they become aware of the many possibilities for artistic expression. Perhaps our definition of "the fine arts" might expand if we recognized the artistry present in making furniture or acting in a play.

Sensitivity to Others

Emotional development is linked closely to empathy and the ability to "feel" experiences that are not one's own. Sensitivity to others' feelings, values, and ways are opened up as the youngster experiences much more deeply. We have already pointed out how the development of empathy is connected to cognitive growth. The adolescent develops true sensitivity to others as he or she is able to separate himself or herself sufficiently to allow others to feel what they are feeling, to not interpret others always in light of one's personal problems. Sensitivity to others could be considered the primary criterion of emotional maturity. While insensitivity is certainly not the hallmark of the special child, the young person with emotional impairment will find it more difficult to empathize. This is because an impairment touches upon the ability to organize the world separate from one's need to see the world in a certain way, the way that will cause the least pain.

AFFECTIVE EDUCATION PROCESSES FOR SPECIAL EDUCATION AT THE ADOLESCENT LEVEL

One of the challenges facing a classroom teacher is helping the adolescent develop a healthy concept of self, an image that includes a sense of personal worth and competency. We tend to live up to whatever it is we believe about ourselves. An adolescent quite visibly will dress, talk, and behave in keeping with the sense of what he or she believes he or she is. Thus, the special education teacher has a particularly difficult task because the children he or she is directing often are

markedly deficient in healthy self concept. Issues of body image, sexual identity, effectiveness, and capability are intrinsically affected by any handicap. Almost by definition, a handicap places restrictions on one's sense of self. It is easy, particularly in the adolescent years, to believe that a handicap mars one's inner self. It becomes a self fulfilling prophecy. That belief itself works toward distorting the inner "image." It is easy to see how learning gets thwarted by the conviction that "special" equals "unequal," or worse still, "abnormal." That conviction, of course, is implemented by a host of experiences showing the special child how "different" he or she is. We have only to remember the great emphasis adolescents put upon being "the same" as peers (dressing the same, liking the same music) to realize what harm the label "different" does when one believes it. Fortunately, the whole aim of affective education is to provide to special students assistance at this precise place.

At that junction in personality (the area of feelings) where labels hurt and harm most, affective education comes in. The teacher of affective education has as a purpose to explore feelings, experiences, values, and labels that young people have placed upon themselves or their world, feelings that color how they see what is before them and what they do with the future. Our aim in educating a student about his or her emotional side is to reach into the very level from which a person most often acts or may need to act. While it may seem that the angry acting out young person has too many feelings, the truth is that his or her actions are a substitute for feeling. Often he or she is trying to ignore or suppress feelings too difficult to acknowledge. In a nontherapeutic situation that is "real," a teacher can get to the emotional aspects of personality that are in need of development.

Processes to Enhance Adolescent Self Image

One of the first things to bear in mind is that even in adolescence, healthy self concept is fostered by modeling. It is easy to overlook how dependent teenagers are on adults because they appear to be solely influenced by peers. Since youngsters spend much energy testing, it may appear that they are testing only teachers, parents, and other adults. Often they are just as much testing themselves. Thus, adolescents, like younger children, need to know who they can look to beyond themselves (and peers are reflection of self) for guidance. We ought to recognize that the disaffection with adults so common to these years comes both from the need to separate and the feeling of having been fooled by adults. With the growth in cognitive development comes the realization that adults themselves have organized the world in a particular way, a way that is not the only way things could be. Yet, while growing up children often have been given the impression that things are the only way they can be. More than this, they have taken for themselves and been given the impression that what adults know is all there is to know, the way adults act is the only way there is to act. The

other part of the disaffection is that with the feeling of being fooled is the desire to be like certain adults around them, the desire to grow into an adult. So there arises a natural conflict which instead of being fought within is often fought with the significant people around them. Praise is a particularly helpful way to foster positive self concept in a classroom but we ought to be careful to structure things so that the praise can come from peers and not simply from the teacher. For this reason a variety of group processes can be helpful in giving adolescents the kind of healthy sense of themselves that we want to foster.

The group process interventions, such as those developed by Glasser (1969), illustrate well what we mean. Glasser made the most of what is a very natural situation for adolescents. Being in groups, especially being seen by peers, approved by peers, and working with peers, is what young students find most natural. At that time in life, because peers are important for testing out self and roles, as well as for getting trusted feedback, use of groups in classroom affective training is particularly apt. Glasser used class meetings and smaller groupings to gather students in order to discuss some emotion laden issue that had surfaced in the classroom. He, thus, gave the teacher the opportunity to bring relevant material to the teaching situation as less are structured around class issues. The teacher here serves as a facilitator to encourage self reflection and active listening with its aim of solving some class issue. For example, a class meeting to discuss with a student his or her destructive behavior might focus on larger emotional issues of responsibility to peers. Such a discussion takes away the ability destructive behavior has of making it a conflict between teacher and student alone. Again, in a mainstream situation where issues of separateness may become more graphic, it is vital both to effective classroom management and to healthy self development that under the surface tensions related to being "special" or "normal" be aired. Group methods like Glasser's allow issues of self concept to be raised as students explore their feelings and are encouraged to resolve them rather than bury them. They also permit healthy confrontation that comes not from the teacher but from other students as a pupil is required to face up to the consequences or meaning of what he or she may believe or may be doing. The *Developmental Education Program* developed by the Minnesota Department of Education (drawing largely from Mosher and Sprinthall, 1970) stresses the assistance of the school counselor in classroom group work with the teacher. The curriculum, which could be used by teachers alone, focuses attention on aspects of learning to separate oneself from others. Appreciating individual strengths and differences and reducing stereotypes are two areas that are emphasized. The recommended processes suggest interesting role plays, behavorial observations, readings, and peer interactions.

One unit that concentrates on self concept development, for example, suggests that the teacher set up interviews with himself or herself in the presence of the class. The interviews would focus on issues of

identity and would be followed by the students selecting pictures for a class collage of the teacher. Following this, each student would make his or her own collage but not identifying it by name. These would then be exchanged anonymously and, in small groups, pupils would analyze the collage using predetermined questions. The questions would explore feelings, putting oneself in another's shoes, etc. In another exercise, class discussion is built around a moral issue "Should Juan tell the police that friends are selling marijuana to young children (including his brother)?" The interesting thing about the discussion is that the bases for these questions are grouped under Kohlberg's stages of moral development. Students are helped to recognize various motives that bring about decisions.

As we have mentioned, sexual identity cannot be separated from self identity. With that in mind, the teacher concerned with affective issues, especially self concept, recognizes the place of sexual-affective education. Learning that only places emphasis on biological, health, and social norms overlooks a most important factor in neglecting how students *feel* about sexual issues. The special child can have heightened fears about sex role and sex competency, fears that need resolution whether it comes from personal disclosure or from acting out in a "safer" group situation where frightening issues are highlighted for all to meet. The teacher who ventures into this arena should first come to know his or her own covert sexual biases. Fears and emotional issues will be touched: a teacher who is reluctant to allow or bring up significant matters with students may find that his or her reluctance comes from something deeper within himself or herself. To help in the process, a number of multimedia presentations are available. Media Fair, Inc. (Vienna, Virginia) offers short films for classroom use. "Sex Roles: Redefining the Difference," and "Contraception: A Matter of Choice" are two of several that offer sufficient material for lively discussion.

Affective education in high school years that neglects self image misses the mark. Concerning self esteem, teachers need to concentrate on the particular struggle with emotion that adolescents meet. Esteem is connected to many diverse issues, of course, but competency/incompetency is one primary area. When dealing with both the special and normal pupils, attention should be paid to how an individual feels about what he or she cannot do. Accepting limits is no small matter for adolescents who often push themselves to fatigue. Nor is it a small matter as they leave high school for a larger world to be realistic about both their strengths and weaknesses. One can derive self esteem from learning how to "fail," from knowing that missing a dance or a game, or failing a test, an audition, or a try-out can be survived. Self concepts not based upon reality are doomed to eventual failure.

At the teacher's side in helping adolescents directly cope with stress are classroom processes that help make sense of our emotional struggles. The Human Relations Media catalogue (distributed by Media Fair) lists titles of films that could serve group discussion well. "Your

Emotions: The Coping Process," "Developing Self Respect," and "Becoming an Adult: Psychological Tasks of Adolescence" seem particularly apt.

Besides films, any number of fiction books can be found that illustrate dilemmas in personal growth. These can be useful as a takeoff point in discussion. *Two Blocks Apart* (Mayerson, 1965) used the drug experience of a city youth to illustrate some personal issues of moral choice. *Short Stories* (Cheever, 1979) traced incidents in the lives of affluent Americans that could serve as discussion of personal dilemmas.

Processes for Enhancing Adolescent Social Development

The second major area of affective education is continuation of social development. In fact, adolescense is our last chance for major development. The awaking of new social concerns opens the possibility for growth. Too often it is easy to forget that the primary social unit the adolescent still must deal with and function in is the family. While parent/teenage issues have been a common focus for several decades, it is only in our day, with the fragmentation of family life, that we are recognizing that part of the issue for adolescents is not only how they view their parents, but how their parents view them. It is not atypical, for example, to find that as families come to experience greater stress the stress results in a more open conflict when the children reach adolescence. Whatever the causes, youngsters are often given an added unfair burden of feeling guilty for causing parental conflict that had roots in other places. Emotionally impaired children especially may believe that the cause of family dissolution is directly tied to their problem. Thus, children must cope, not only with their own need for separation, but with parents' needs (and some endemic to our society). The fact that the divorce rate in families with special children is higher gives evidence to the reality of stress. Raising a different child is not easy. Sometimes sacrifices come hard.

Thus, in dealing with parent issues in affective education, the classroom teacher should bear in mind the particular stresses of divorce and dissolution parents can have that become part of their offspring's feeling of stress. Socialization skills, thus, must help the adolescent comprehend the complexity of family issues, many of which are hidden from view. *The Human Development Program: Innerchange* (Ball, 1977) directs attention to materials that foster awareness of others and communication. "My Parents are Getting a Divorce," and "Adolescent Conflict: Parents vs. Teens" (from Media Fair, Vienna, Virginia) may shed light on two aspects of parent/child interaction.

The first film, for example, explores a common phenomenon of divorce occurring in families with adolescents. The film seeks to explore divorce as experienced by the young person concentrating on the issues divorce raises for the son or daughter observing (and being

drawn into) marital disintegration. It provides insights and incidents that touch on a common national trend that provokes crisis in psychological development for all family members. Discussion following such a film could easily cover many areas that cause serious emotional pain for students, issues around commitment, friendship, and conflict that are directly related to every adolescent's life.

On the other hand, more processes are needed than those dealing with parental relationships. Special children often feel most inadequate vis-a-vis their nonspecial peers. Often these children have been poorly socialized; first encounters with numbers of regular students can bring painful experiences of rejection. The special youth's attempts to fit into a group may be awkward. Affective education should provide a framework for socialization by helping youngsters deal with painful emotional experiences and by teaching new skills. Self control and the ability to be intimate, to withstand rejection, and to be nonpossessive of friends are all aspects of social skill.

Group work, again, is the best vehicle for developing social skills particularly because the setting itself is social. "Lifeline: Values Education Curriculum" (McPhail, Ungood-Thomas, & Chapman, 1975) offers units designed to focus on altruistic behavior.

In a series entitled "In Other People's Shoes" questions are raised from poster illustrations, "questions requiring some empathy in order to be expanded upon." You are attracted to a girl/boy, but she/he ignores you. "What do you do?" or "Your mother adopts teenage fashions. What do you do?" are two that help the class focus on their feelings vis-a-vis others.

Discussion Book #2 of the *Proving the Rule* section emphasizes expectations placed upon us by society. Units like "Not part of his job," "It's not my business," and "Should I stay?" present short issues for discussion that ask students to examine the meaning and consequences of various choices. *Teaching Children Self Control* (Fagen, Long, & Stevens, 1975) is a manual for teachers that focuses on a behavioral approach to self control. *Developmental Education* (Miller, 1976) includes components in its curriculum that direct attention to establishing appropriate social relations. Unit 3 in the model curriculum for young adolescents (Erickson, Colby, Libbey, Lohman, "The Young Adolescent") provides a central theme around friendship. Some interesting activities include making a list of one's friends at various ages, checking how much carry over or change there is over age and why, and issues regarding the disintegration of a recent friendship. *Inner-change* (Ball, 1977) also includes units on such social skills as conflict management. In that particular unit, students are supported in their structured effort to formulate individual ways to recognize and manage conflict. An overall objective is to have students see that conflicts are a part of life, that some are unnecessary while others are not, and that most conflicts can be managed. "Circle Sessions" discuss such issues as "I Almost Got into a Fight" (to help students recognize what triggers their anger and to recognize how, in the

past, they have been able to control it) or "Dyads" that practice listening to and giving messages that accept responsibility or that blame another.

Processes for Enhancing Emotional and Aesthetic Expression

Our third area is enhancing emotional and aesthetic experience. These are attitudes, values, and simple affective feelings such as being happy. Creativity and the expressive arts are part of the heritage we wish to share with our young. At the same time, as we focus on relationships in emotional growth, the issue of sensitivity to others must be addressed. For the sake of clarity we might here touch on education in values.

Values education may seem at first a relatively contemporary phenomenon. However, one has only to recall Readers from before the first quarter of the century to realize that early educators saw a clear mandate to instill values. While, to our thinking, "instilling" values smacks of autocracy, a fast changing society has left youth rudderless. Contemporary attention is again focusing on values in education. The sensitive teacher, of course, must be aware of community feeling regarding values teaching but it seems foolish to mask the fact that values, indeed, are *taught* and not simply "clarified."

As a matter of fact, values are transmitted in two stages—inculcation and clarification—that are inclusive of one another. In the first, there may be an unconscious or conscious absorption of what one witnesses or hears. Such a process occurs in a variety of ways but especially from modeled behavior. In the second, an individual reflects on what he or she may or may not hold in importance. Often, this comes about in a situation where a value is questioned or tested. What can be overlooked—and this is our point—is that in the very question (let alone in the handling of it) is some attempt at inculcation. Cognitively, what is happening is that a person is only able to absorb in stages the principles on which value structures are built. According to both Kohlberg (1968) and Piaget (1960) only in adolescence is one able to abstract sufficiently to comprehend possible underlying value structures that we can broadly call "altruistic," let alone those springing from a concern for social order and norms. Many educators are willing to admit that teachers do, wittingly or not, expose students to their own values. The issue appears to be served not by false polemics but by a recognition of the community's desire for the inculcation of values as well as its fear of particular values or what may smack of autocracy. Basic to emotional development, however, is the maintenance of personal values and the respect for reasonable values held by others. The teacher will have a place in that process. How conscious, how direct a place is the issue before parents and teachers.

For those teachers who will "teach values," the *Lifeline: Values Education Curriculum* (McPhail, 1975) units offer help. A primary theme of the series involves sensitivity to self and others. The develop-

ment of empathy, self determination, and a concentration on the interpersonal situation are themes touched on throughout. In one unit, for example, a series of humorous posters asks students to look at the consequences of a variety of situations such as "Someone props his car up on bricks while he works under it," or "Someone makes an anonymous phone call to tease somebody." In another unit, "Points of View," situations are given from one viewpoint with questions asking us to examine that view; on the other side of the card the same situation is described from another viewpoint, followed by more questions. One card, for example, describes two sides of a breakup in a steady dating situation. Both sides are presented convincingly to evince active discussion. *Values Education* (Raths, Harim, & Simon, 1966), which uses the "values clarification" approach, explores problematic issues often from a situational context. The secondary curriculum developed by DuPont, in "Toward Affective Development (TAD)" (*Transition* in print) also focuses on values foundations using brainstorming and story writing as well as discussion. The DuPont program focuses on the integration of affective and cognitive skills in developing emotional life. While the young adolescent series is in press an examination of DuPont's TAD series for younger children can give some indication of the adolescent series. The series for younger children, for example, is exceptionally well formulated and includes many imaginative classroom activities in addition to problem discussions. Present information indicates that *Transition* will emphasize, for the junior high age, values of self respect and regard for others. Activities include scenarios to write out, simulated encounters, and directed observation, as well as group discussions.

Values education, sensitivity to others and to one's inner convictions are all themes that are included in moral education. While the topic has been researched (Kohlberg, 1964) since the 1960's, the field is fraught with practical problems. Teaching a particular set of morality in a pluralistic society is not necessarily sanctioned. As Kagan said, "We must concentrate on the democratic values about which there is argument" (p. 13). What we espouse here is rather the recognition that in teaching values, moral/ethical concepts cannot be ignored, nor need they be. Processes that include role playing and analysis of problem situations are most effectively used in a classroom to explore relevant issues that touch on moral ones. Thus, using, for example, a filmstrip such as "Perspectives on Death" or "Abortion: A Rational Approach" the sensitive teacher will need to recognize that moral development is explored when values or altruism are discussed. Again, sensitivity to parent and to adolescent concerns both will help the concerned teacher not simply take the safe course of silence but approach affective development recognizing the holistic work he or she has undertaken.

For the teacher of the gifted, recent work has been done on values education. Walker (1975) dealt with developing values in gifted children through contrasting competitive and cooperative social

designs. He presented ways of including values clarification in classroom activities with a focus on group problem solving and leadership training. Daddario (1977) advocated attention to democratic values as a complement to the usual emphasis on science for the gifted so that they will be able to apply scientific solutions to social problems. Gensley (1973) took a different approach: stimulating curiosity, risk taking, and imagination are seen as the keys to affective education for the gifted.

THE SPECIAL CHILD ESPECIALLY

The Need

Teachers of special children who have already seen the need for affective education may also have seen how little has been developed for this kind of child. It seems strange that even as the emotional component of growing and learning was being explored, there was not an immediate recognition that children with special issues in development would have a particular need for an education that focused on those issues. It is no secret to the special educator that every "special" problem—be it mental impairment, physical handicap, or learning disability—carries an emotional component sorely in need of remediation. At the same time, *special* can be used in a broad way when referring to the gifted child. Here, particular issues of emotional growth must be considered when we teach the child who has advanced cognitive growth. Particular attention has been given to the gifted and affective education by Sisk (1978). She has developed a humanistic enrichment program of 10 "encounter lessons" that are suited to adolescents as well as younger children. These lessons focus on thinking about who one is and could be and how one relates to others. The combination of adolescence and giftedness makes for a rare opportunity for creative affective education, and it is needed since affect seldom keeps up with cognitive growth. Brown's *Confluent Education* discussed previously has been related specifically to the gifted by Phillips (1976).

Hogan and Garvey (1976) have defined the humanistic talent for the gifted as the ability to reason well with complex social, moral, and political problems. This series of papers and reports is an important resource for the teacher of gifted concerned with affective components.

Where to Go

As we have said, a search of the literature reveals very little when we look for affective education materials that are prepared specifically for the special child. When we look for affective education for the special adolescent there is even less. The one bright spot, the one exception to the paucity, is in the field of sex education. Here, much constructive

work has been done. While sexual development is not necessarily the most crucial issue for an adolescent, there is little help in having an academic discussion regarding whether sex education is needed. Suffice here to recognize that it is an area with a clear affective dimension; it is one issue in adolescence in need of exploration, one emotional area in which the schools have become willing to enter. Sex education materials that are available for the special child may provide an avenue for classroom treatment of other emotion laden issues connected to it, issues such as self esteem or shyness, for example.

Sex Education—Special?

When searching for materials, the careful teacher will want to keep in mind the particular issues he or she believes are in need of exploration with this particular group. Mentally impaired children, for example, may need basic informative materials that focus also on basic intersex socialization. Emotionally impaired children may need the kind of curriculum that will allow them to explore some very personal fears regarding relationships, or that will permit some airing of previously frightening sexual experiences. What we must keep in mind is that for every adolescent, discussing sex harbors layers of material that touches on some very basic issues of personal competence, not about performance but about relating. Sex education that omits exploration of fears or values misses the mark because it treats an emotion laden issue as if the emotional component could be anesthetized. Teachers need to look at just how much anesthesia they are applying to a touchy subject and for whose benefit, theirs or their students. At times we miss the mark when, in an attempt to be "relevant," we focus on "contemporary problems" (e.g. abortion and women's rights issues) while leaving out the truly relevant issues of individual feelings, anxieties, and frustrations.

We mentioned that materials in sex education for the special child are largely found in the area of mental handicaps. Because the material is somewhat scattered in both depth and broadness of curricula, what follows will be a brief list of some materials—without endorsement of any one. We hope this list will give some sense of what special education materials are available so that the individual teacher can decide how "specially fixed" he or she needs the material.

Materials in Sex Education

A Teacher's Guide to Sex Education for Persons with Learning Disabilities (Kempton, 1975). This paperback guide focuses on the retarded, though applications are possible to others.

Sexual Development for the Developmentally Disabled (Fischer, Krajicek, & Borthick, 1974). This booklet is centered on low level functioning persons. It is based on the interview method using drawings.

Be Informed on Marriage (Phillips, New Readers Press, 1974). This booklet deals with marriage and interpersonal relationships.

A Curriculum Guide in Sex Education for TMR's (Steward, 1973). This book focuses on some basic biological issues regarding reproduction and puberty.

Sexuality and the Mentally Handicapped (Kerryston, Stanfield House, 1976). A set of seven slides covers the basic physical issues in sexuality.

Human Sexuality: A Portfolio for the Mentally Retarded (Planned Parenthood of Seattle—King County, 1975). These 18 by 11 inch plates illustrate aspects of human sexuality.

Adolescent Conflict Series: Coping with Jealousy (Guidance Associates, New York 10017). This series of five filmstrips, while not focusing on sexuality per se, seems suitable for explanation of interpersonal issues particularly with troubled youngsters.

Preparation for Parenthood (Sunburst Communications, 1975). While not geared for the special child, the filmstrip offers relevant material suitable for discussion with youngsters in problematic situations.

Scars left by handicaps of all kinds always, always go deeper than is apparent: the emotional undercoat. The handicap it touches also is in need of healing. What this book hopes to convey, bears saying repeatedly: true learning touches on all those emotional elements that either stand in the way or foster learning; true education must involve that part of a person that helps make him or her value himself or herself, others and the world he or she lives in. Children with handicaps especially need that focus because their deprivation lies deep. Remediation for them must cover more ground and go much farther than the three R's if we would ever prepare them for a place in society. Again, affective education.

5 A Brief Look at Evaluation of Affective Education Efforts

There have been references to efficacy studies of various affective programs throughout this book, particularly in the preadolescent section. These final pages will not be an exhaustive or detailed review to prove that affective education works or does not work. The magnitude and consequences of such an enterprise, considering the probable results, would take teachers into matters of dubious utility.

What is proposed is far less ambitious. As a party to affective education efforts, what awareness should a teacher have? After all, the evidence on a particular reading program may not be definitive, but a teacher "sees" the results. The evidence for affective education is seldom that clear or dramatic. And it is fair to ask about this curricular area.

The evaluation of affective education suffers from the same difficulties as do other educational efforts—but even more intensively. To make these issues clear, the major constraints on definitive evaluation are listed.

1. The nature of the teacher produces many subtle influences that confound clear results. It is very difficult to conduct research on a scale that includes the many variants of this powerful influence.
2. Classroom groups have their individual affective dispositions which, if not assessed for their idiosyncratic nature, can cloud any findings. Transferability of programs is made difficult because there is never a second teacher or group like the ones used for the study.
3. Within group differences of the children make for individual variations in the impact of programs. Something that has a profound influence on one pupil may leave another cold. Readiness for growth is an individual matter here as elsewhere in learning. This is par-

ticularly true of special children. Group changes often cover ups and downs of individual class members. Conditions of "no group change" could cover such individual gains and losses.

4. Affective changes seldom take place in simple linear fashion, where a specific program input results in a given change. There are so many other influences bearing on the feelings and behavior attitudes of youngsters. The "unexperimental" variables far outweigh those we tabulate. For example, one may feel better about oneself because of finding a friend in the neighborhood, which was not the substance of the affective education program. If the pupil values learning to read, academic improvement may do more for self esteem than the proposed affective program. Because of the conglomerate nature of human performance, we must be cautious about implying a certain impact from a given program.
5. Knowing and doing are not always synonymous. This is illustrated by the Kohlberg moral development programs. When one learns what one should do, this does not always mean one does it. We are better in measuring cognitive elements than in assessing affective behavior. Putting problem solving skills to work on a test may not mean that the pupil will be put to work when there is a social dispute.
6. Some changes we hope for may be so complex and difficult to acquire that anything short of an intensive and extensive change effort will fail. For example, with emotionally disturbed children, individual therapy may be needed and environmental conditions may need to be altered. This is not to say that affective education programs do not sometimes produce a miracle, however do not expect miracles to be the typical consequence.
7. Another problem is research on terms that are so poorly defined that they overlap, and with instruments that are so different that even the same term may be assessed by different devices. Wagman (1977) found over 34 concepts and well over 100 instruments used in the affective education literature. These included such terms as self concept, locus of control, attitude toward learning, acceptance of others, risk taking, awareness of feeling, trust, and flexibility! And these were only on 13 programs! It is his opinion, after summarizing the studies in the field, that we have a long way to go before definitive efficacy evidence is forthcoming. This is due to poor research designs (lack of control groups, for example), conceptual confusion, the small size of groups in many studies, and the considerable measurement difficulties.

One generalization is evident: appraisals of particular programs by their proponents seldom fail to show positive results. This is not because of dishonesty in the work. It is just that in such instances everything is going for them, including unintended experimenter influence. Many of these studies are done with limited clientele by graduate students as doctoral theses.

The first comprehensive affective education program was created by the late Ralph Ojemann in 1955 as a primary mental health prevention program. It has been revised over the years and has a curriculum for all school ages. A great deal of emphasis was put on training teachers. Basically, his approach is a cognitive one, teaching pupils to apply causal reasoning to social problems. Ojemann was particularly concerned with evidence of the impact. He had to devise tests to fit the goals. The overall results indicated pupils did increase in causal thinking about human behavior (Ojemann, 1961).

Currently, the Human Development Training Institute has published Magic Circle Research Investigations (*Affective Measures*, 1978; and *Research Investigations*, 1979.). There is substantiation in some of their work for the program expectations.

The TAD program, which was discussed on page 97, is one of the few based upon a combined theoretical and research base. Actually, the exercises were given extensive field trials and analysis. This work is a comprehensive affective education program still in the development phase. We can look forward to significant evaluative research from the author, Henry Dupont, of the University of Wisconsin at Eau Claire.

Hudgins (1979) reviewed this and other affective education programs. He concluded that results of these programs are inconsistent when one looks for gains in self concept or social adjustment. Again this indicates the need to look at what works for particular pupils since some do gain, some have no change, and some drop. Hudgins indicated that work with younger children by facilitators who are trained in affective education techniques and group processes are probably important in producing gains.

Ravlin (1979) reviewed all aspects of research on affective education programs. He examined research designs, the quality of the information reported, and specific results. The evidence on three programs are studied intensively: TET, Human Development Program, and the Minnesota Elementary School Guidance Program. The best one can say is that the positive findings are minimal and are brought in by flawed studies—most of them doctoral dissertations. However, before casting aspersions, we should remember this same condition is true of cognitive programs where much more effort has been expended.

Rosenberg (1978) started out by observing that affective education should not be used to coerce pupils to conformity when it is the environment that needs to be changed. It is doubtful that superficial programs not related to jobs and the future will change adolescent self esteem. Further, he pointed out that changes in the group often stop right there, and never transfer to a broader context. This could be true even when the program has been "tested out" by traditional scales. Often the most gratified person is the leader who has a high investment in a given process.

Programs that have a targeted goal, such as self control in a given setting, have a better prognosis than those that anticipate total change in self esteem. But even here, the matter is complex. What does the term

mean? How does one know if progress has been made in self management? Is it a trait or a specific behavior? There is a detailed description and examination of the Fagan-Long program for fostering self control in *Behavioral Disorders* for February, 1979 (Vol. 4, No. 2). This is but one of the many terms that are enunciated in goals, and a similar examination could be made of any one. There is a vast literature on self concept-self esteem where even the terms may take many pages to examine (Wylie, 1974, 1979).

Cartledge and Milburn (1978) have made a comprehensive examination of the various facets of affective education efforts that enable the pupil to relate more effectively to teachers and peers. In general, they found that there is evidence of positive results and that there is a linkage between social skills and academic success. Particularly important are social reinforcement in behavior modification and modeling to insure desired social behavior change. While they found that the problem of transfer is significant, the review found substantiation for the possibility of teaching social skills.

In a critical review of social development programs, the Elavdos (1976) found that there are no clear rationales given in the programs, they are not specific in their focus, and do not provide adequate implementation strategies. Basically, they argued that these programs must be related to developmental realities of the children to be helped, otherwise the expectation can be expected to be minimal. Renders, Devol, and Trujillo (1978) have collected a series of abstracts and summaries on evaluative studies. The materials cover various ages and strategies, some of which are not specifically affective in nature. Global as well as targeted goals are involved. With one exception, the reviews report positive results.

As an example, we can examine the work of one researcher who has devoted her time to one specific concept: Norma Feshback (1978). She has taken a critical area of affective performance, empathy, and worked directly in schools to study how it might be enhanced. Empathy is one of those very diffuse concepts in the affective area. She defined it as "a shared emotional response which the child experiences on perceiving another person's emotional reaction," having both cognitive and affective components. She sees this as a special regulator of aggressive behavior, and thus sees the methods of control of aggression to be indirect and related to prosocial behavior. This 30 hour program was used in small groups of elementary age children. The activities included stories, problem solving, acting out words, group discussion, and the like. Role playing emphasized the use of imagination. The matter of measurement was so complex they found it necessary to develop a new series of techniques including observation, film material, and other measurement tools. The results of the pilot study showed improvements, differential to submethods employed, and she is now extending the work, and plans a 6 month followup. What we learn from her work is the great care needed in appraising results, the care with which evaluative designs must be set, and the in-

tricacies of measurement. Her conservative but not pessimistic appraisal is a model for teachers and an antidote for the global, superficial work characteristic of evaluation in affective education.

Lockwood (1978) has reviewed the evaluation studies dealing with values clarification and Kohlberg moral development programs. While there are extensive claims of various direct and indirect changes in such programs, he found positive effects only for classroom behavior through values clarification. Moral development efforts appear to increase moral reasoning though to varying degrees among subjects. It should be noted, this is not moral behavior. The many inadequacies of the researches and possible improvements are discussed with great clarity for those interested in evaluation of these two areas.

While evaluation is certainly essential in affective education, the classroom teacher is seldom in a position to conduct such studies. However, teachers can often collaborate with school research bureaus or university enterprises. The many complexities of valid work in this domain are beyond not only the typical teacher to appreciate but the majority of researchers as well. The minimum every teacher is obligated to do is to examine data available on programs. Beyond this, they can ask their pupils what they found helpful and what they did not in affective education procedures. Of course, this evaluation should be done with any curricula.

Teachers will also be in a position to see first hand, pragmatically, the consequence of efforts. While it is true we are all biased in many directions, this is not the total story. Teachers live with children and if they see improvements these are not to be ignored. Parents also have real reflections. At any rate, the payoff is in the life space and those who participate in the living areas have a valuable contribution to make to assessment. It must be remembered few of the studies were specifically on special children. Beyond this, a teacher should be particularly perceptive about claims made. Try to see the reports on which claims are made. Get advice. Don't be conned into claims that are really promotional incentives to purchase expensive materials.

Being aware of the various hazards in affective research enumerated at the start of this section, a teacher can be an intelligent appraiser of studies and combine this with the fact that each pupil is a unique being. There is considerable encouragement to be gained from knowing (if there is no evidence of negative impact) that the processes employed have helped one or another pupil toward a more adequate self, a higher level of social competency, and a richer and more positive affective life. With our special children, so much is needed that we are obligated to get on with the work. Affective education is the birthright of these youngsters. When in doubt about an affective education procedure or program, consult with your associates and other available professionals. Never embark on a program about which you have personal doubts regardless of the research. There are a vast array of things to do to make special children's lives better in the three dimensions that can start tomorrow.

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